

Name  
in  
Full

A Braddock Allen

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Cumber <sup>County</sup> Allegany, MARYLAND

Date of death 1907 Aug. 13 Age 40 Months 18

Sex Male Color or Race White Birth-place W. Va.

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Married. Name of Wife or Husband Martha Allen

Father's Name Arthur B. Allen Father's Birthplace W. Va.

Mother's Maiden Name Goldie Joring Mother's Birthplace Md

Name of person giving information A. J. Allen How related to deceased Brother

## CAUSES OF DEATH

66

Primary Heart Disease

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? yes.

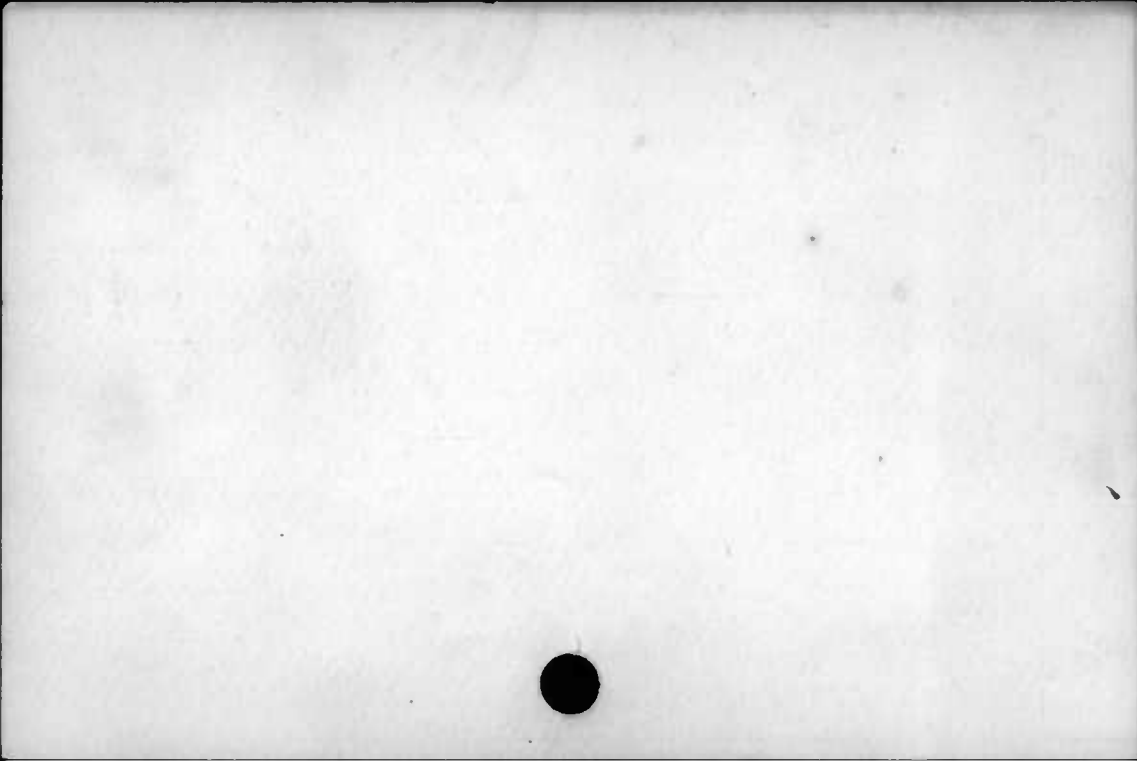
Signature of Physician

Address

James T. Peterson  
Barto, ST-176-

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

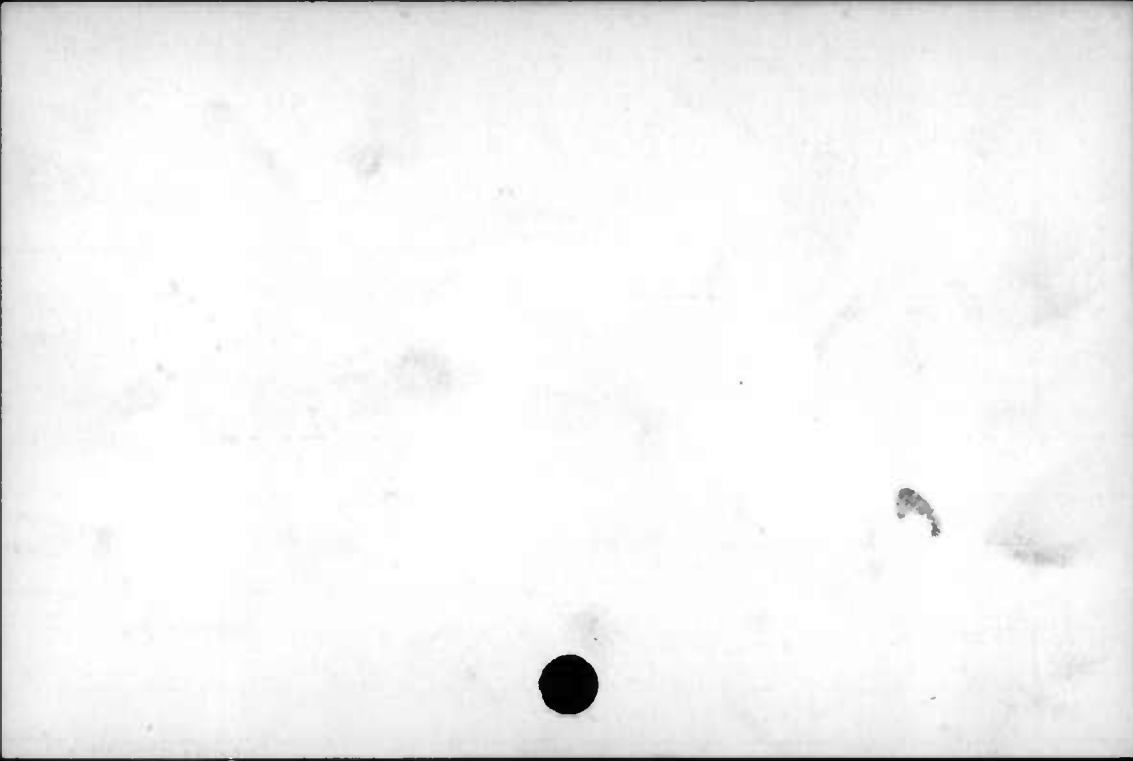
Name in Full <b>Alexander Allerdice</b>		Town <b>Lanacoming</b>		County <b>Alleghany</b>		State <b>MARYLAND</b>	
Died at <b>Lanacoming</b>		Month <b>Aug</b>		Day <b>17</b>		Age <b>62</b>	
Date of death <b>1907</b>		Years <b>62</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Scotland</b>			
Occupation <b>Miner</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Ernest Bullock</b>					
Father's Name <b>Thomas Allerdice</b>		Father's Birthplace <b>Scotland</b>					
Mother's Maiden Name <b>Ernest Jones</b>		Mother's Birthplace <b>Scotland</b>					
Name of person giving information <b>Robert Allerdice</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

(164)

PHYSICIAN  
OR CORONER

Primary <b>Atherosclerosis</b>		How long <b>Some months</b>	
Immediate <b>Central hemorrhage</b>		How long <b>Suddenly</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. D. Skilling M.D.</b>	
Address <b>Lanacoming</b>			
Accident or Suicide? <b>No</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

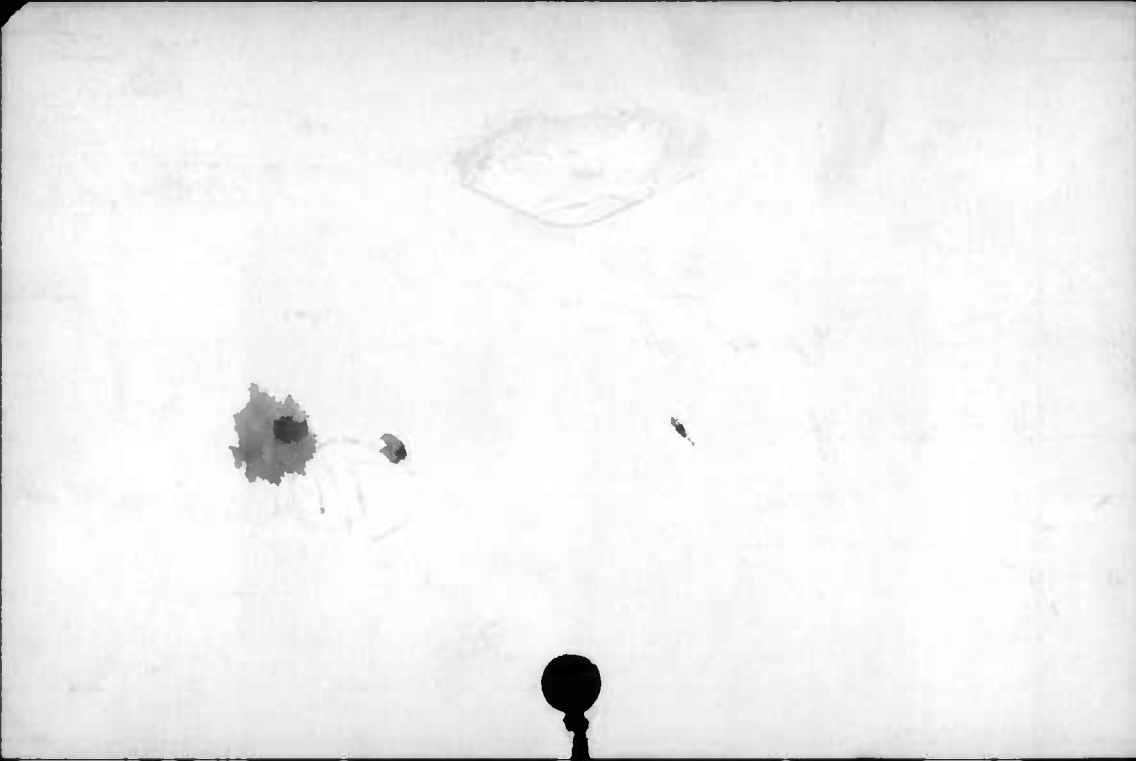
Name in Full <i>Joseph Andrews</i>		Town <i>Barton</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Barton</i>		Month <i>Aug.</i>		Day <i>6</i>		Age <i>80</i>	
Date of death <i>1907</i>		Month <i>Aug.</i>		Day <i>6</i>		Years <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>		Months <i>2</i>	
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Barton, Pa.</i>		Days <i>2</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Jones</i>		Father's Birthplace <i>England</i>		Mother's Birthplace <i>England</i>	
Father's Name <i>Matthew Andrews</i>		Mother's Maiden Name <i>Unknown</i>		How related to deceased <i>Son</i>			
Name of person giving information <i>Wm Andrews</i>							

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>Several years</i>
Immediate <i>General Oedema</i>	How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Goucher</i>
	Address <i>Barton, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Anselm Lee Barker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumt <sup>Town</sup> alleryheny <sup>County</sup> MARYLAND

Date of death 1907 8 6 8 — 8 —

Sex male Color or Race white Birth-place md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband none

Father's Name John Barker Father's Birthplace Cumberland

Mother's Maiden Name Gertrude Jones Mother's Birthplace md

Name of person giving information John Barker How related to deceased father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

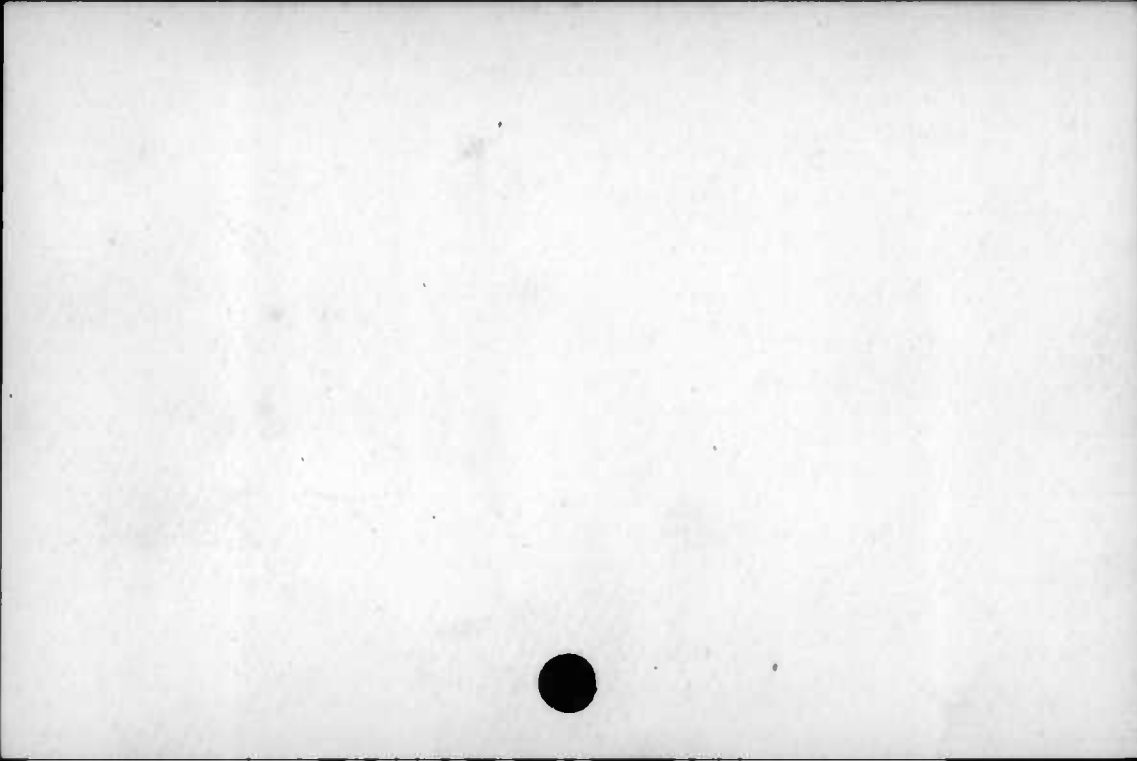
Primary Cholera-infantum How long 3 days

Immediate Exhaustion How long 1 day.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. R. Hodges M.D.

Address Cumberland, Md.

Accident or Suicide? —



Name  
in  
Full

*Moncella Benson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

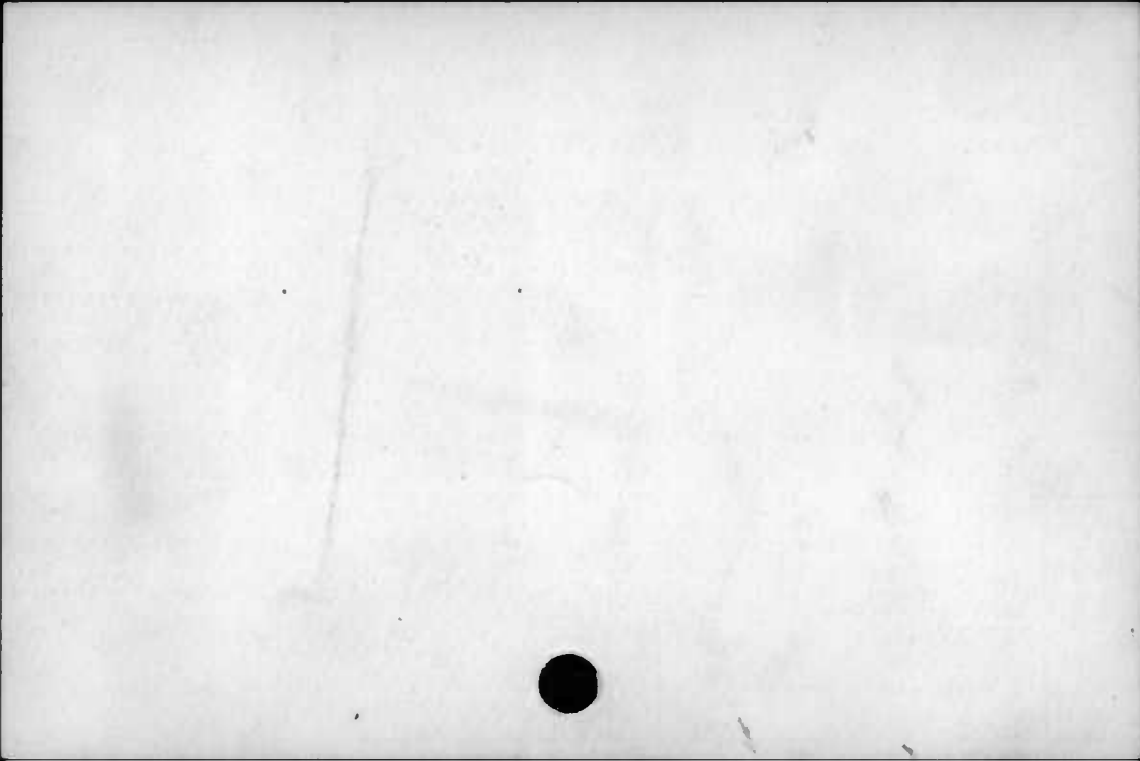
Died at <i>Countd</i>		County <i>accugay</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>aug.</i>	Day <i>14</i>	Years <i>29</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Countd</i>		
Occupation <i>house keeper</i>	Where Residing if not at place of death <i>---</i>				
Married, Single or Widowed <i>Deceased</i>	Name of <del>Wife</del> <i>Wm Cook</i> Husband				
Father's Name <i>Thomas Benson</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Florence Howard</i>	Mother's Birthplace <i>va.</i>				
Name of person giving information <i>Howard Benson</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

**(91)**

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis &amp; Exhaustion</i>	How long <i>Jan 1907</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Catherine Bull</i>
<i>True</i>	Address <i>Third Nat' Bldg Cumberland Md.</i>
Accident or Suicide?	



Name  
in  
Full

Sarah A Bittner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Cumt-a County Allegany MARYLAND

Died at Cumt-a Date of death 190 1 Aug 18 Age 51 Months — Days —

Sex Female Color or Race White Birth-place Pa.

Occupation House Keeper Where Residing if not at place of death Meyersdale Pa

Married, Single or Widowed not married Name of Wife or Husband now

Father's Name Jonathan Bittner Father's Birthplace Pa

Mother's Maiden Name Susan Sneytor Mother's Birthplace Pa

Name of person giving information J A Bittner How related to deceased mother

## CAUSES OF DEATH

(121)

✓  
PHYSICIAN  
OR CORONER

Primary of for nephritis How long 6 weeks

Immediate that necrosis of operation How long 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. H. Hawkins

Address Cumt-a

Accident or Suicide? No

Meyersdale Pa  
Somerset Co.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

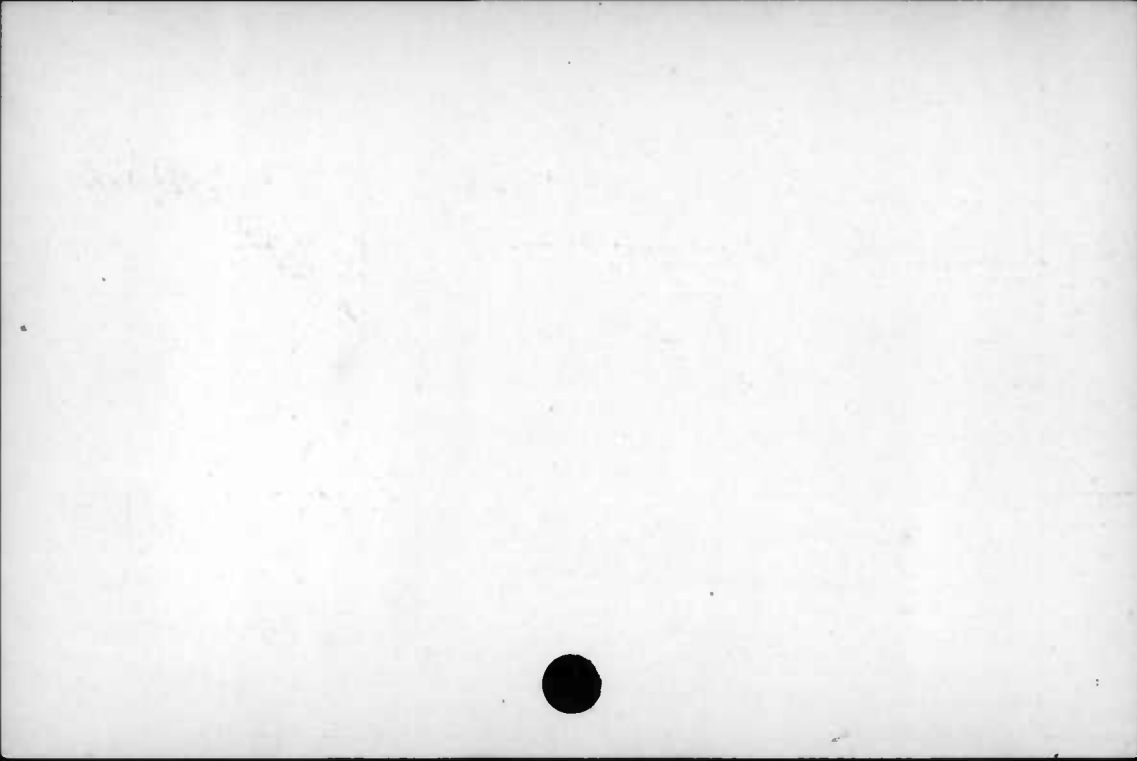
Name		Town		County		State	
Died at		Chumbland		Allegheny		MARYLAND	
Date of death	1907	Month	Aug	Day	28	Age	Years
Sex		Female		Color or Race		White	
Occupation				Birth-place		Ind Saragash Ind	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Leon Bridges			
Mother's Maiden Name				Mary McNeil			
Name of person giving information				Leon Bridges			
Father's Birthplace				Ind			
Mother's Birthplace				Ind			
How related to deceased				Father			

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary	Anginal Syphilis	How long	From birth
Immediate	General paresis	How long	all life
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. Alamy Murray M.D.	
Address		Ind Saragash Ind	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harry Bosworth Burch

Town

County

Died at

Columbia

Annapolis

MARYLAND

Date

1907 Aug

Month

Day

21

Age

Years

—

Months

8

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Komer Burch

Father's  
Birthplace

West Va

Mother's  
Maiden Name

Effie Eilers

Mother's  
Birthplace

West Va

Name of person giving  
In formation

Komer Burch

How related  
to deceased

Father

## CAUSES OF DEATH

14

Primary

Dysentery

How long

3 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

F. L. Burchdall

Address

Cumberland Md.

Burchdall

Accident or Suicide?

PHYSICIAN  
OR CORONER

1

67 26 in. bird 29

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

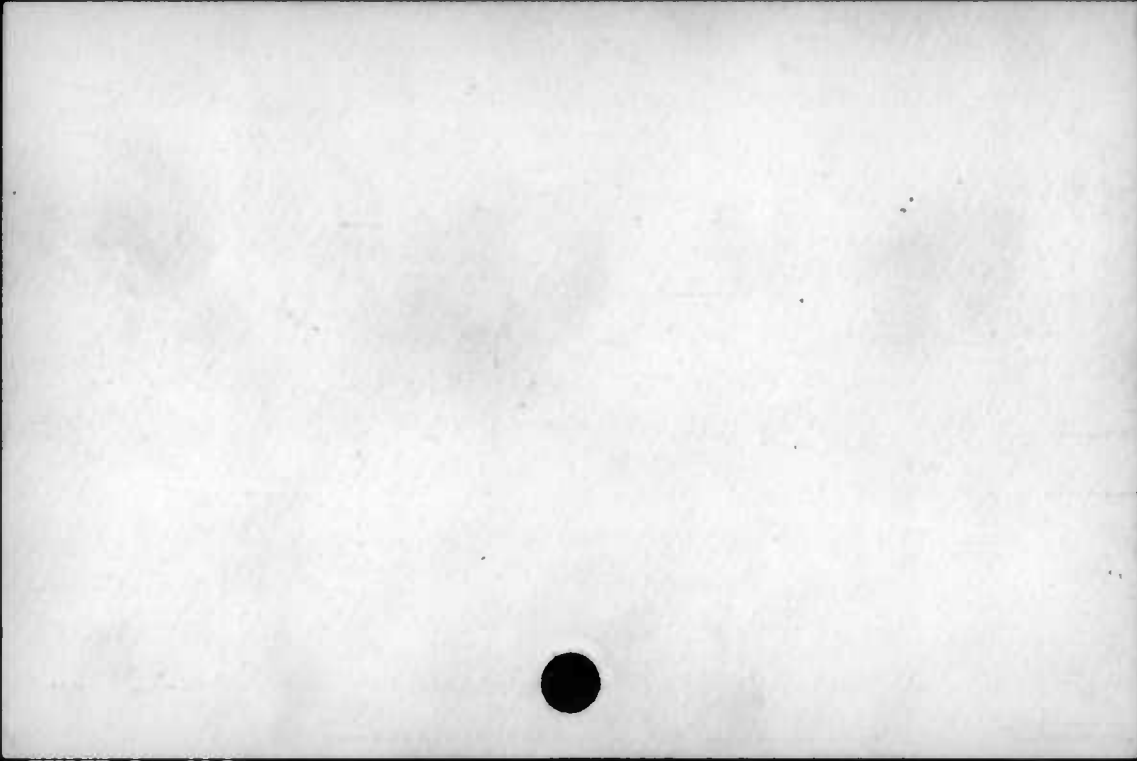
Name in Full <b>Bathleen Bussey</b>		Town <b>Emma</b>		County <b>Accugay</b>			
Died at <b>Emma</b>		Month <b>Aug</b>		Day <b>11</b>		Age <b>10</b>	
Date of death <b>1907</b>		Month <b>Aug</b>		Day <b>11</b>		Years <b>10</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Emma</b>			
Occupation <b>none</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>none</b>					
Father's Name <b>Richard Bussey</b>		Father's Birthplace <b>MD</b>					
Mother's Maiden Name <b>Mabel Lookabaugh</b>		Mother's Birthplace <b>MD</b>					
Name of person giving information <b>Richard Bussey</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <b>Gastro Enteritis</b>	How long
Immediate <b>Exhaustion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>FB McDonald</b>
<b>Sever</b>	Address <b>Cumtland Md</b>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

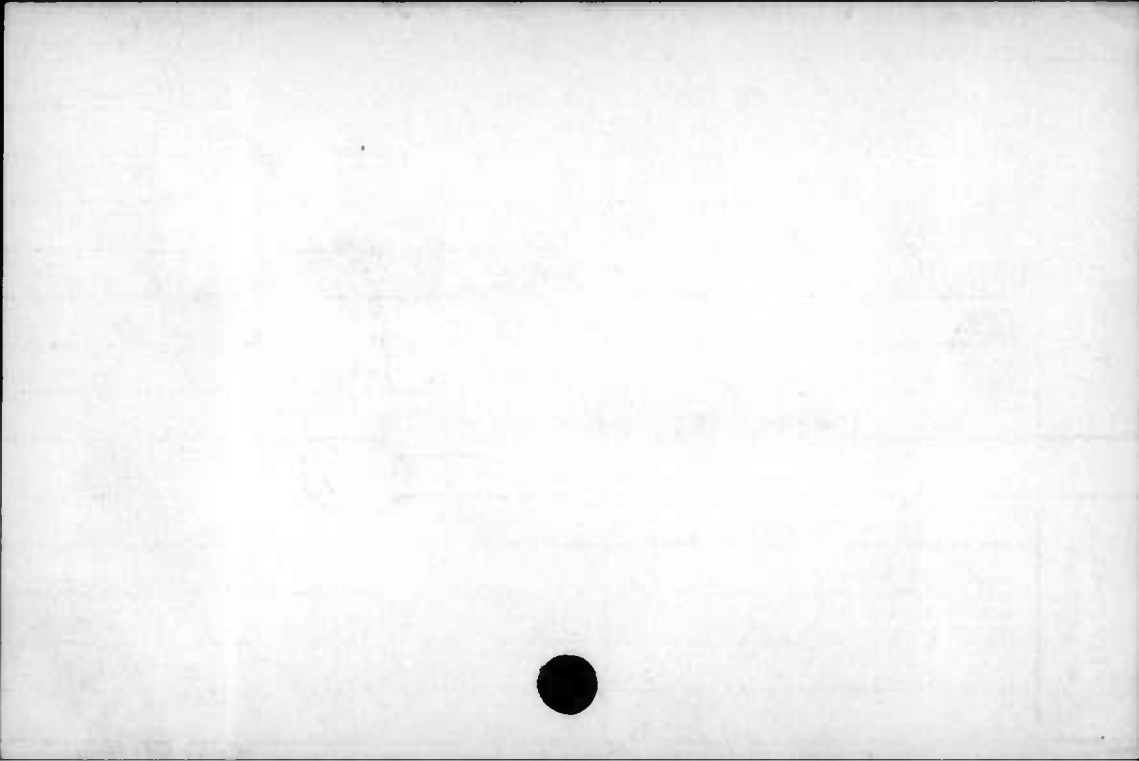
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

George J Beeil

Town

County

MARYLAND

Died at

Allentown, Pa. Allegany

Date

Month

Day

Years

Month

Days

of death 1907

Aug

3

Age

68

6

—

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Salesman

Where Residing if not  
at place of death

Cumberland

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth North

Father's  
Name

Wm Beeil

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rebecca Calahan

Mother's  
Birthplace

Md

Name of person giving  
In formation

Allen Beeil

How related  
to deceased

Son

## CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

24 hours

Immediate

Paralysis

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

J. J. Jones  
Cumberland

Accident or Suicide?

Maryland

LIBRARY BUREAU A8816

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sam J. J.

1907

Name  
in  
Full

David Price Close -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

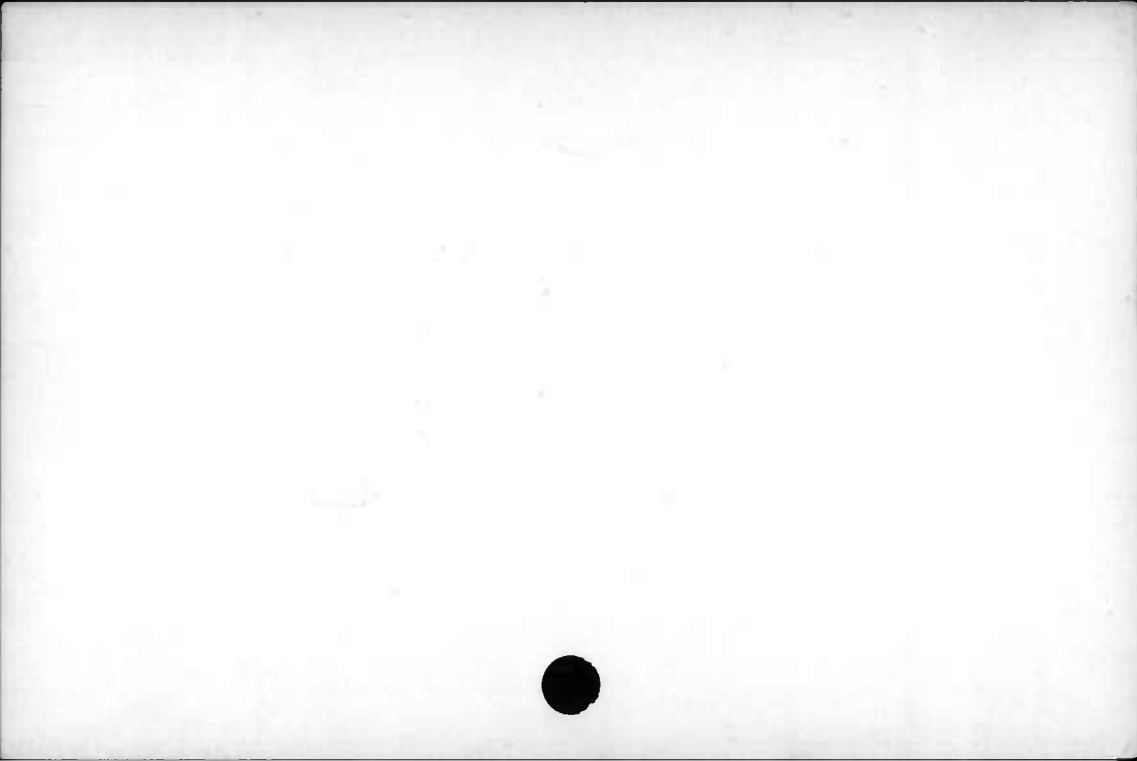
Died at <i>Eckhart Mines</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Aug:</i>	Month	Day	Age	Months	Days
<i>1907</i>	<i>Aug:</i>	<i>27</i>	<i>x x</i>	<i>3</i>	<i>14</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Eckhart Mines</i>		
Occupation <i>x x x</i>	Where Residing if not at place of death <i>x x x</i>				
Married, Single or Widowed <i>x x</i>	Name of Wife or Husband <i>x x x</i>				
Father's Name <i>James R. Close</i>	Father's Birthplace <i>Eckhart Mines</i>				
Mother's Maiden Name <i>Elizabeth Brode</i>	Mother's Birthplace <i>Allegheny Co</i>				
Name of person giving information <i>Elizabeth Close</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

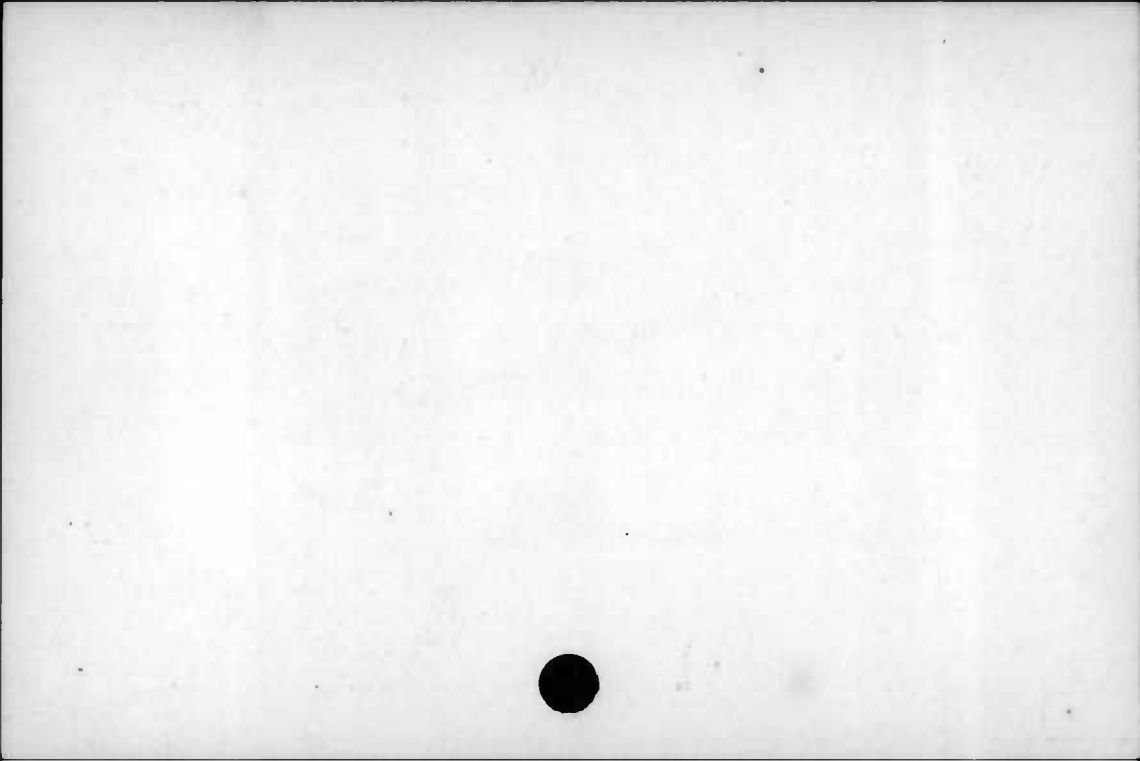
**157**

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus.</i>	How long	<i>30 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. M. Ginn</i>
		Address	<i>Eckhart Mines</i>
Accident or Suicide?			<i>no</i>



Name in Full		CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND					
	Date of death		1907	Month	Aug	Day	13	Age	70	Years	Months	Days
	Sex	Female		Color or Race	White		Birth-place	Ireland				
	Occupation	Housekeeper				Where Residing if not at place of death						
	Married, Single or Widowed	Widow		Name of Wife or Husband		Peter Goodyre						
	Father's Name	Mathias M. Blaney						Father's Birthplace	Ireland			
	Mother's Maiden Name	Mary Blaney						Mother's Birthplace	Ireland			
	Name of person giving information	Kate Carson						How related to deceased	Daughter			
CAUSES OF DETH												
✓ PHYSICIAN OR CORONER	Primary	Apoplexy						How long	4 weeks			
	Immediate	Exhaustion						How long	4 days			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. D. Perry					
					Address		Cambridge Md					
	Accident or Suicide?		<input checked="" type="checkbox"/>									



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Martha Ellen Connor  
Died at <sup>Town</sup> Cumberland <sup>County</sup> accagany MARYLAND

Date of death 1907 Aug 1 Age 44 Months Days

Sex Female Color or Race White Birth-place Md

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Mrs Connor

Father's Name Do not know Father's Birthplace

Mother's Maiden Name Asper Risher Mother's Birthplace

Name of person giving information John Smith How related to deceased

CAUSES OF DEATH

(45)

Primary Cancer How long 6 mos

Immediate Exhaustion How long 1 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

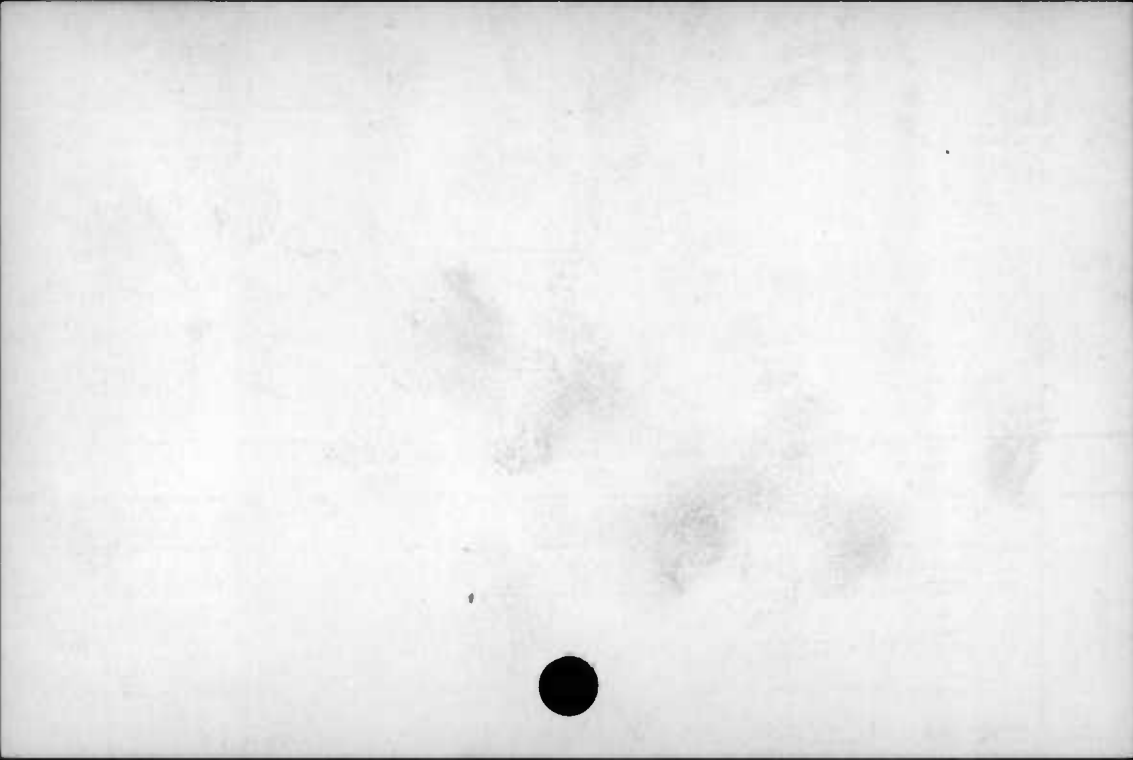
Address

M. J. Briggs  
Cumberland  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

(1)



Name  
in  
Full

## CERTIFICATE OF DEATH

Anthony Boyle

TO BE ANSWERED BY  
NEAREST FRIEND

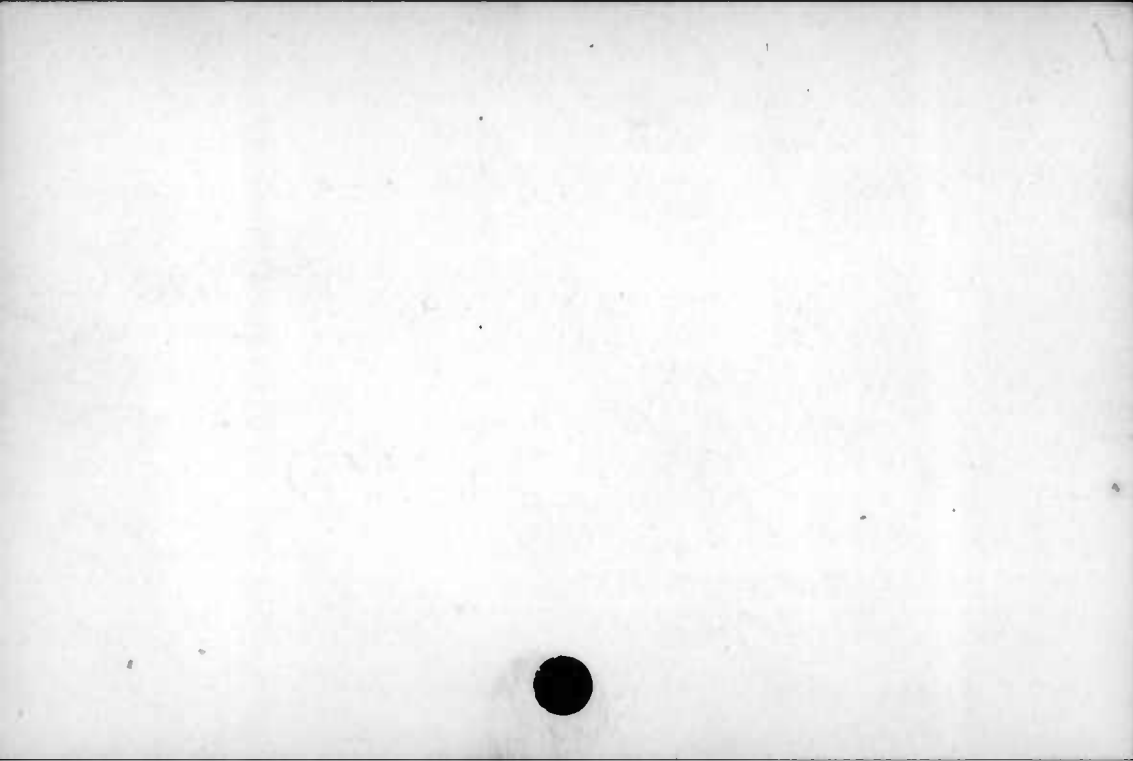
Died at <u>Lonaclaire</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Year</sup>	<u>Aug</u> <sup>Month</sup>	<u>28</u> <sup>Day</sup>	Age <u>39?</u> <sup>Years</sup>	<u>unknown</u> <sup>Months</sup>	<u>unknown</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Mine</u>			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martha Gillespie</u>				
Father's Name <u>James Boyle</u>	Father's Birthplace <u>Ireland</u>		Mother's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Mrs. John Rooney</u>		How related to deceased <u>Niece</u>		

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <u>Alcoholism</u>	How long <u>Several years</u>
Immediate <u>Delirium Tremens, Dysentery</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harry E. Hodgson M.D.</u>
	Address <u>Londonderry, Ind.</u>
Accident or Suicide? <u>No.</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Greger

Died at Cumberland Allegany County

State MARYLAND

Date of death 1907 Aug 26 Age 87 Months — Days —

Sex Male Color or Race White Birth-Place Germany

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving information Peter Wilson How related to deceased Not at all

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary Cause Senile Debility How long 4 yrs

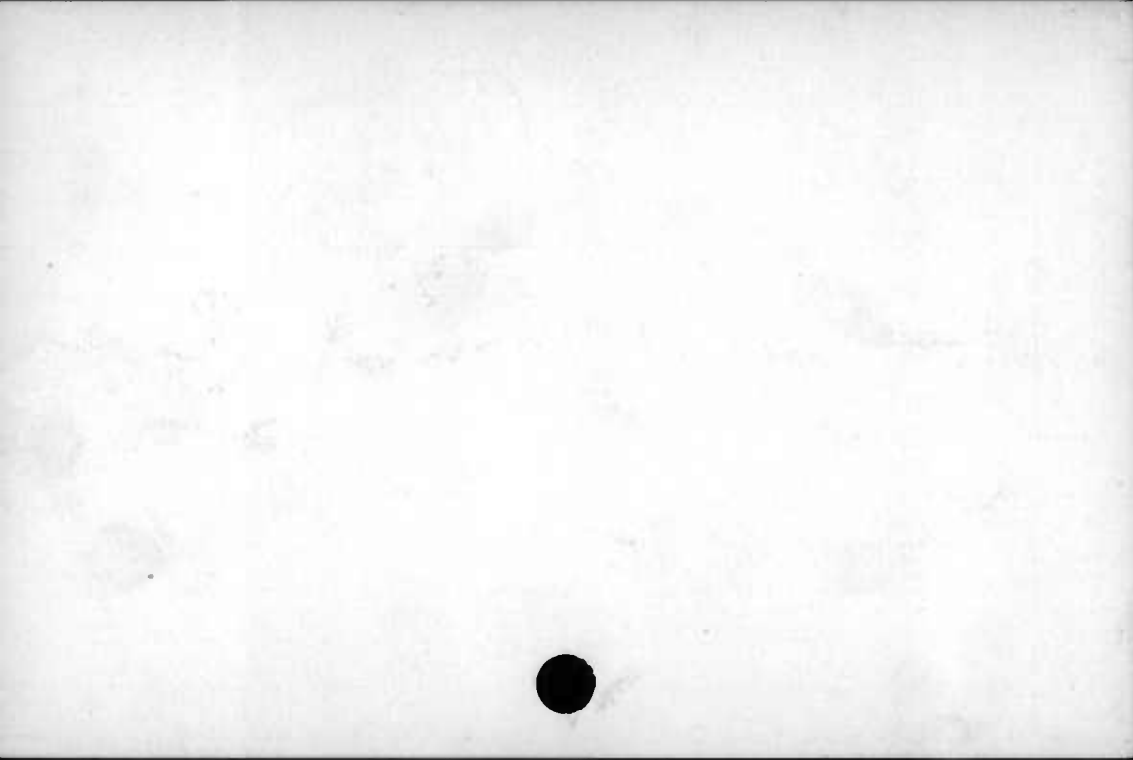
Immediate Cause Exhaustion How long 4 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Turrill

Address Cumberland, Md.

Accident or Suicide? No



Name  
in  
Full~~Interviewer.~~ Daily

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <b>Shaft</b>		County <b>Allegheny</b>		MARYLAND	
Date of death	<b>1907</b>	Month <b>8</b>	Day <b>27</b>	Age <b>1</b>	Years <b>8</b>	Months <b>8</b>	Days
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Ind.</b>				
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>—</b>			Name of Wife or Husband <b>—</b>				
Father's Name <b>Wm Daily</b>			Father's Birthplace <b>Ind</b>				
Mother's Maiden Name <b>Charakelly</b>			Mother's Birthplace <b>Ind</b>				
Name of person giving information <b>Wm Daily</b>			How related to deceased <b>Father</b>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

①

Primary	<b>typhlitis</b>	<b>120</b>	How long	<b>5 mos</b>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. M. Brice</b>		
		Address <b>7 Fortburg Ind</b>		
Accident or Suicide?				

Hafen

Carte

Name in Full (Not named) Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Spring Gap <sup>Town</sup> Allegheny <sup>County</sup>  
 Date of death 1907 <sup>Month</sup> Aug. <sup>Day</sup> 15 <sup>Years</sup> Age 12 <sup>Months</sup> hours <sup>Days</sup>  
 Sex Male Color or Race White Birth-place Spring Gap  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

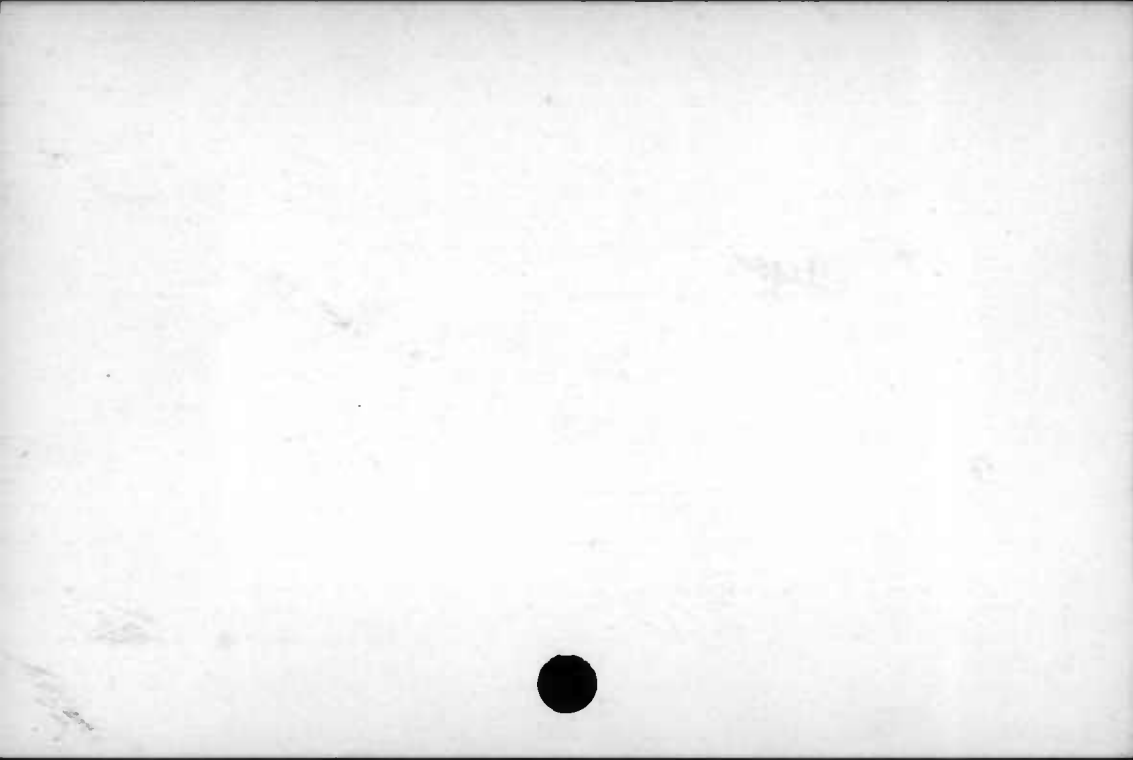
~~Married, Single~~ ~~or Widow~~ Name of Wife or Husband \_\_\_\_\_  
 Father's Name Leif Daniels Father's Birthplace Maryland  
 Mother's Maiden Name Minnie Jammer Mother's Birthplace Maryland  
 Name of person giving information Minnie Daniels How related to deceased Mother

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Premature birth - 7 months <sup>How long</sup> \_\_\_\_\_  
 Immediate \_\_\_\_\_ <sup>How long</sup> \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Prescilla Lantz  
 Address Alaska, Co., Va.  
 Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

William Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

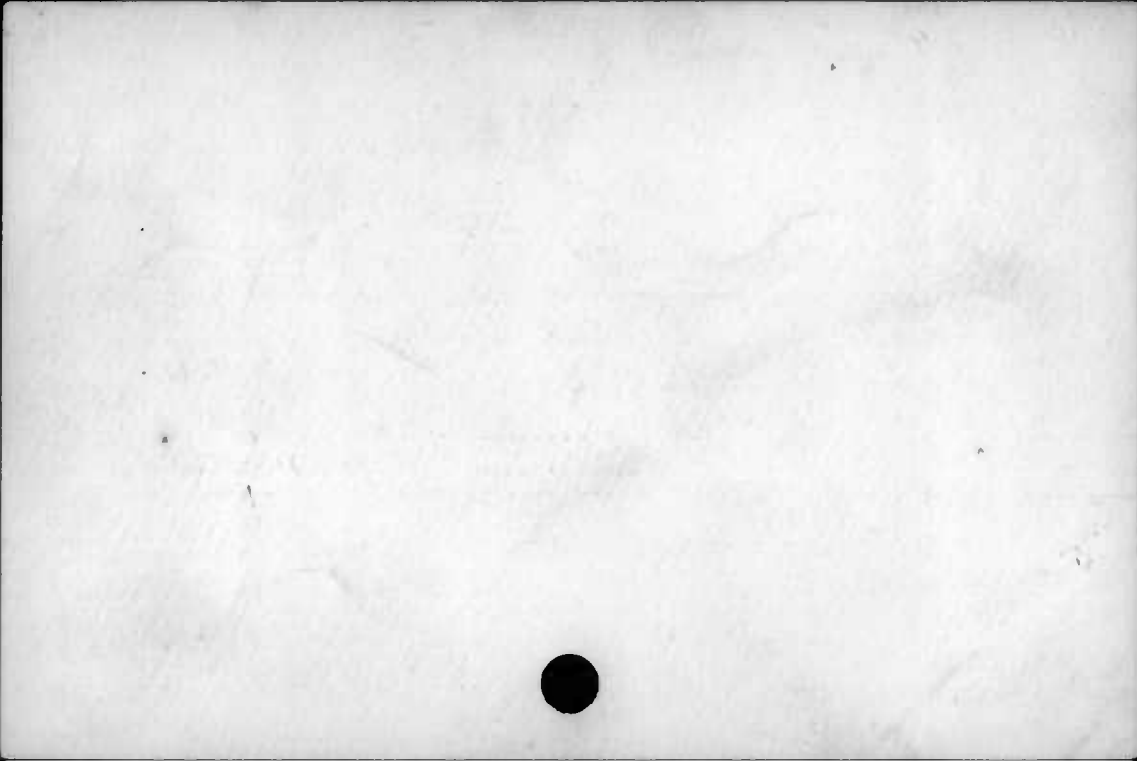
Died at <u>Barton</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug.</u>	Day <u>11</u>	Age <u>25</u> <sup>Years</sup>	Months <u>  </u> Days <u>  </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Barton</u>			
Occupation <u>Miner</u>	Where Residing if not at place of death <u>  </u>				
Married, Single or Widowed <u>  </u>	Name of Wife or Husband <u>  </u>				
Father's Name <u>Thomas Davis</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Rachel Kirk</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>James McDonald</u>	How related to deceased <u>Uncle</u>				

## CAUSES OF DEATH

(166)

PHYSICIAN  
OR CORONER

Primary <u>Rail Road accident</u>	How long <u>  </u>
<u>Sitting on R.R. track at night</u>	How long <u>  </u>
Immediate <u>Ran over by Coal train 10:13.</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. H. Marky, M.D.</u>
	Address <u>Brimfield Md.</u>
Accident or Suicide? <u>Accident</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frostburg</i> <sup>Town</sup>		County <i>Allegany</i>	
		Date of death <i>1907 Aug 15</i>		Age <i>4</i> <sup>Years</sup>	
		Sex <i>male</i>		Color or Race <i>white</i>	
		Occupation		Birth-place <i>Frostburg</i>	
		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph L. Dean</i>		Father's Birthplace <i>Phio</i>			
Mother's Maiden Name <i>Clara Crowe</i>		Mother's Birthplace <i>Boston Md</i>			
Name of person giving information <i>Joseph L. Dean</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER <i>(1)</i>		Primary <i>Diphtheria</i>		How long <i>Seven days</i>	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. C. Brown M.D.</i>	
		Address <i>Frostburg Md.</i>			
Accident or Suicide?					

Hagar.

Town

Percy.

Name  
in  
Full

## CERTIFICATE OF DEATH

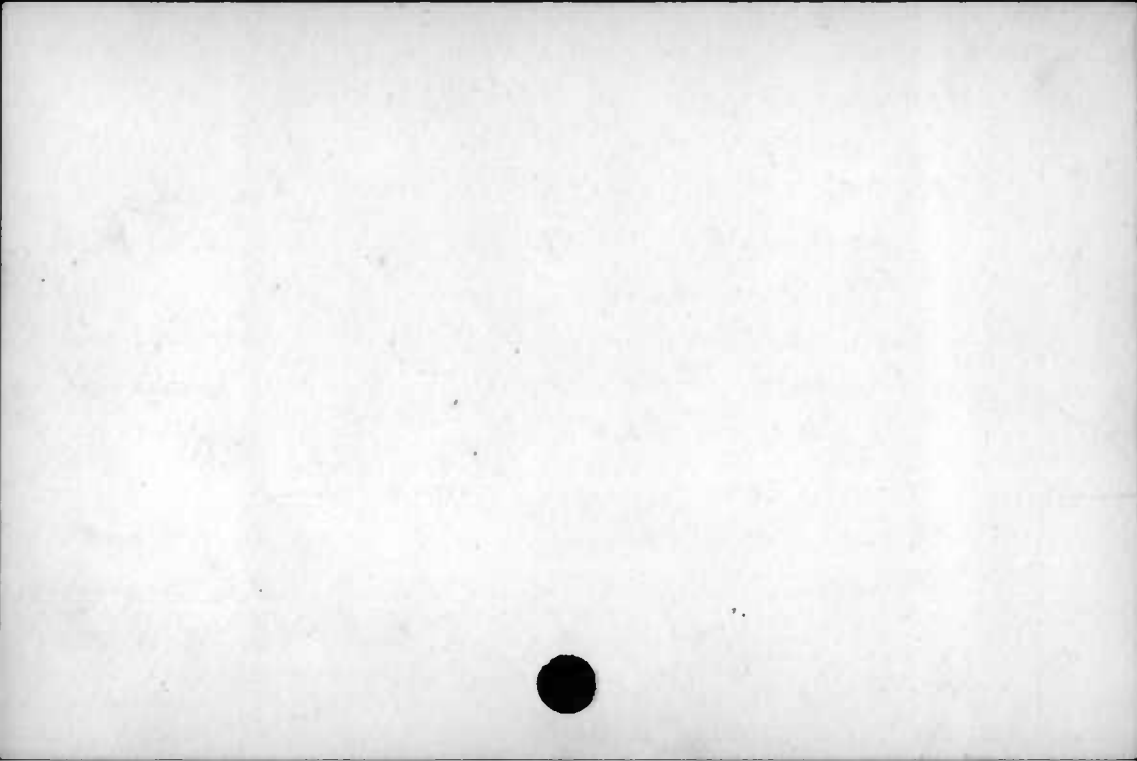
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>infant</i>		Town <i>Deming</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
Died at <i>Cumtand</i>		Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>23</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtand</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Jm Deming</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Carrie Kerns</i>		Mother's Birthplace <i>W. Va.</i>					
Name of person giving information <i>Carrie Kerns</i>		How related to deceased <i>mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>still born</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Thos. H. Fawc.</i>	
<i>See in.</i>		Address <i>Wm. H. Fawc.</i>	
Accident or Suicide? <i>—</i>		<i>for 1 year.</i>	



Name  
in  
Full

*Mrs. Wm P. Douglas* *2022 P. Douglas*  
*Mrs. Wm P. Douglas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

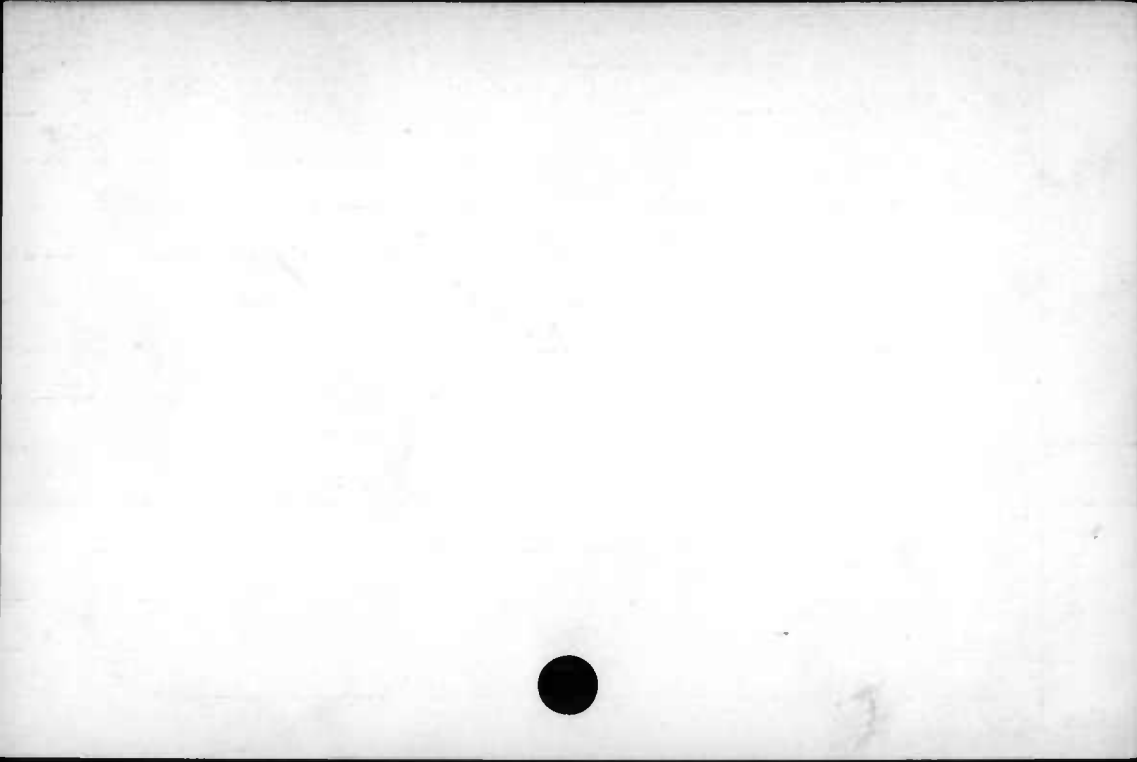
Died at <i>Sonoma</i> Town		<i>Allegany</i> County			
Date of death 1907	Month <i>Aug.</i>	Day <i>19</i>	Age <i>27</i> Years	Months <i>9</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		<i>Residence Washington D.C.</i>		
Name of Wife or Husband <i>William P. Douglas</i>					
Father's Name <i>John Kinn</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Bridget Garner</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving Information <i>Mrs Michael Kelly</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

**41**

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Rectum</i>	How long <i>6 Months</i>
Immediate <i>Anemia</i>	How long <i>2 1/2 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Skilling M.D.</i>
	Address <i>Sonoma Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Albert Earl Dowling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtbra</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> <small>Month</small>	<u>30</u> <small>Day</small>	<u>13</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth place <u>Cumtbra</u>		
Occupation <u>Student</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Charles Dowling</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>Gertrude Darbey</u>			Mother's Birthplace <u>W. Va</u>		
Name of person giving information <u>Edward Darbey</u>			How related to deceased <u>niece</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Thyphoid fever</u>	How long <u>3 wks</u>
Immediate <u>Perforation of bowels</u>	How long <u>32 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Edward Harris M.D.</u>
<u>Stein</u>	Address <u>Cumtbra, W. Va.</u>
Accident or Suicide? <u>no</u>	



Name  
in  
Full

Mary Dudley, maiden name Philips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eckhart Mines</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Aug.	Day	29
Age	36	Years	9	Months	X mo.
Sex	Female	Color or Race	White	Birth-place	Allegany Co
Occupation	Housewife	Where Residing if not at place of death X X X			
Married, <del>Single</del> or <del>Widowed</del>	Name of <del>Wife</del> Husband <i>Fredrick Dudley</i>				
Father's Name	<i>Cyril Philips</i>			Father's Birthplace	<i>Wales</i>
Mother's Maiden Name	<i>Janetta Jenkins</i>			Mother's Birthplace	<i>Wales</i>
Name of person giving information	<i>Frd<sup>d</sup> Dudley</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia complicated with</i>		How long
Immediate	<i>repeated attacks of Epilepsy</i>		How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>B. M. Cromwell</i>	
		Address	<i>Eckhart Mines</i>
Accident or Suicide?			

Hafar  
Celebaut Cam

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

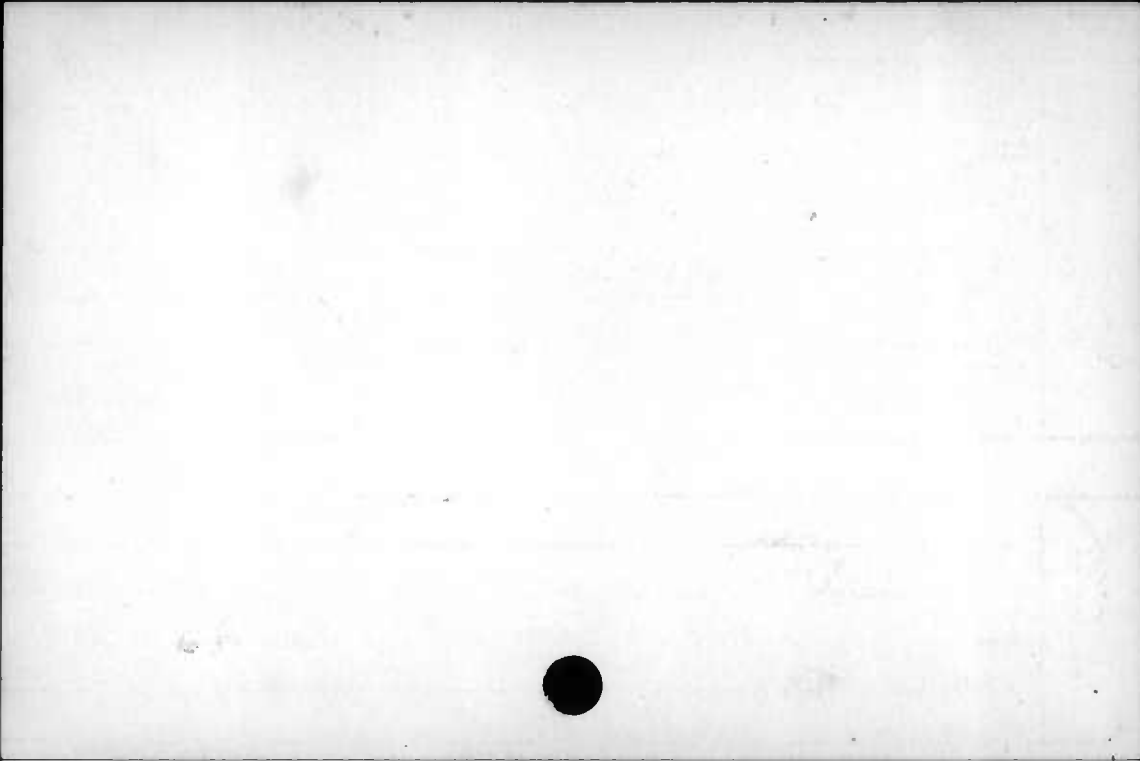
Name in Full <i>Mary C Elliot</i>		Town <i>Md Saray</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Md Saray</i>		Month <i>Aug</i>		Day <i>14</i>		Year <i>1907</i>	
Date of death <i>1907 Aug 14</i>		Age <i>7</i>		Months <i>8</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md Saray</i>			
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>[Redacted]</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Cliff Elliot</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary C. Lynch</i>		Mother's Birthplace <i>Md Saray</i>					
Name of person giving information <i>Mary C Elliot</i>		How related to deceased <i>Widow</i>					

CAUSES OF DEATH

(9)

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Heart Failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>y</i>	Signature of Physician <i>F. Alan G. Murray</i>
	Address <i>Md Saray</i>
Accident or Suicide?	<i>[Redacted]</i>

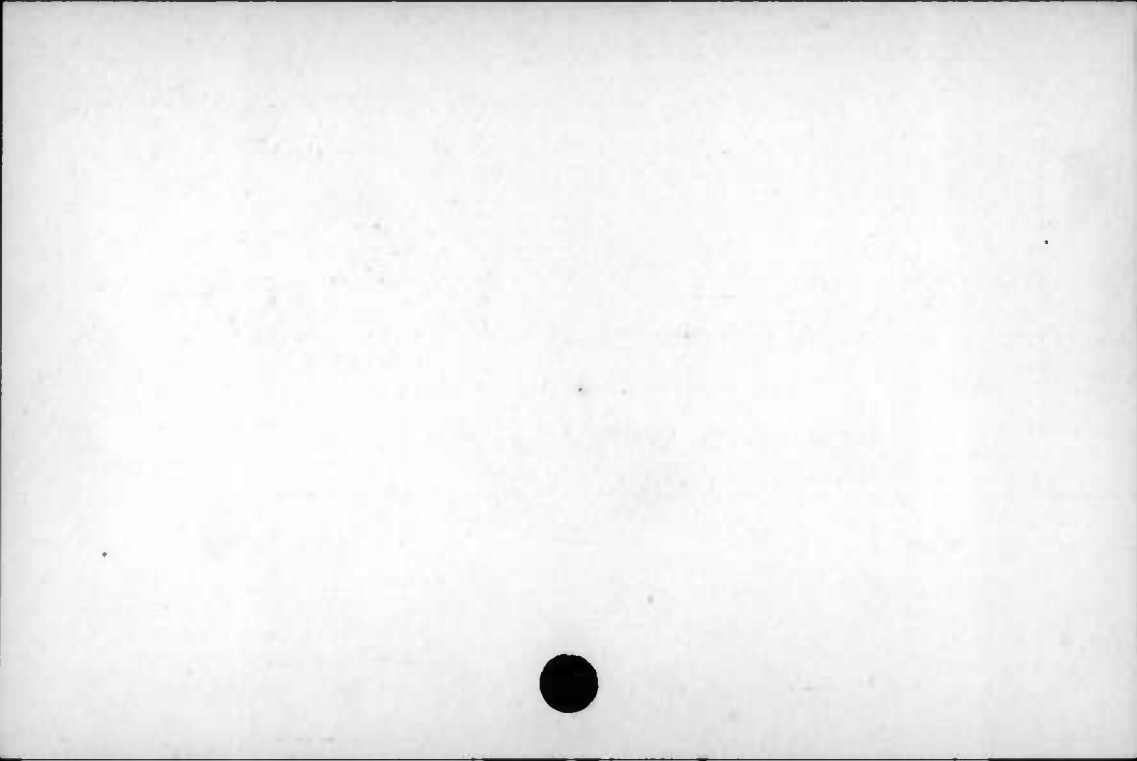


### CERTIFICATE OF DEATH

Died at <u>Clarks Mill</u>		Town <u>Clarks Mill</u>		County <u>Allegheny</u>		State <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>8</u>	Age <u>53</u>	Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Pa</u>				
Occupation <u>Wife</u>			Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>married</u>		Name of <del>Wife</del> Husband <u>Hildembret Engel</u>					
Father's Name <u>Joseph Madden</u>				Father's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>May Thark</u>				Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>Hildembret Engel</u>				How related to deceased <u>Husband</u>			

### CAUSES OF DEATH

Primary	Dysentery	(14)	How long	About 2 weeks
Immediate	Died suddenly, supposed to be Syncope		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. W. H. [Signature]	
	St. Louis	Address	1500 [Address] [Signature]	
Accident or Suicide?			[Signature]	



Name  
in  
Full

Olin Flynn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

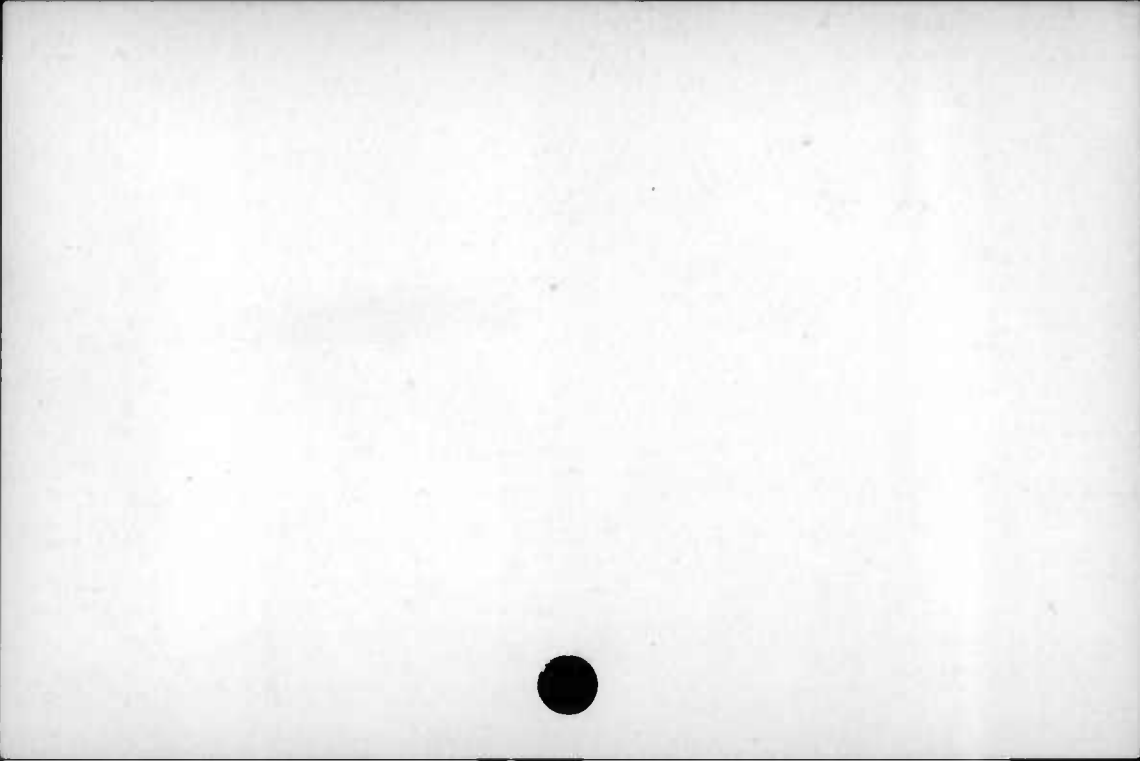
Died at <i>Tennaconius</i> Town			County <i>Allegheny</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>3</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>				
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or <del>Husband</del> <i>Mary Ann Farnese (dec)</i>						
Father's Name <i>Garrett Flynn</i>		Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Margaret Gray</i>		Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Robert Flynn</i>		How related to deceased <i>Son</i>						

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>2 days</i>
Immediate <i>Asphyxia</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock, M.D.</i>
	Address <i>Tennaconius Mayland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

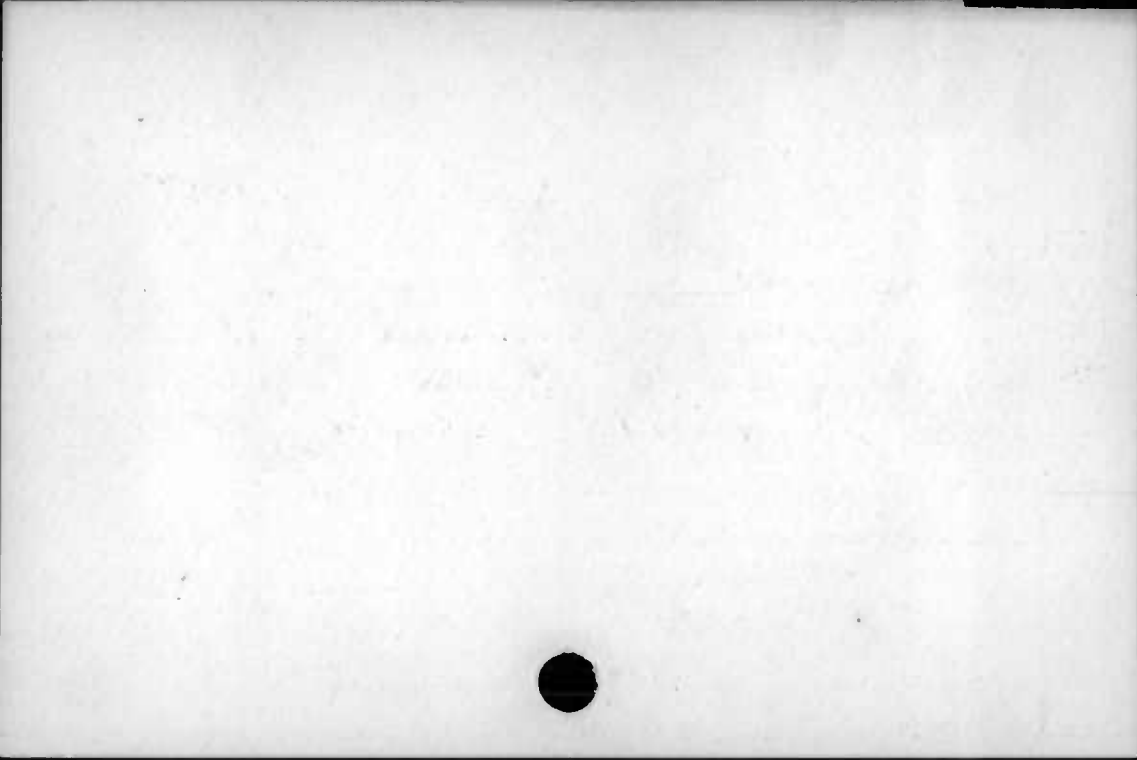
MARYLAND

Name *Bernard H. Tradaska* Town *Brown* County *Alle*  
Died at  
Date of death *1907 Aug 5* Age *—* Years *—* Months *—* Days *22*  
Sex *Male* Color or Race *White* Birth-place *Ma*  
Occupation *none* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Michael Tradaska* Father's Birthplace *Austria*  
Mother's Maiden Name *Anna In Beck* Mother's Birthplace *Ma*  
Name of person giving information *Michael Tradaska* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Congenital Heart* *(150)* How long *22 days*  
Immediate *Gradual & hamstrung* How long *22 days*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. Lockman*  
*Steu* Address *Cumberland Md.*  
*Toyton*  
Accident or Suicide?



Name  
in  
Full

Margaret Frost

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

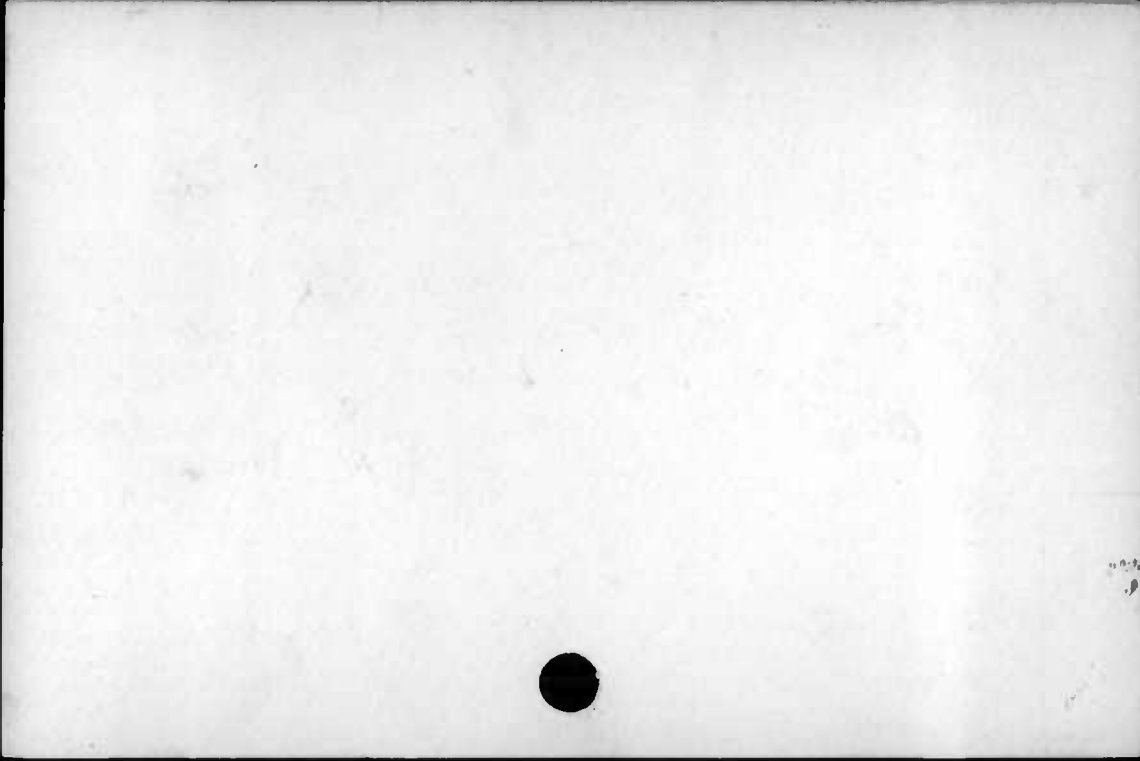
Died at <i>Cumtland</i>		County <i>Alligony</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	7
Age		Years	75	Months	3
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Retired Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	James Frost		
Father's Name	John Lodgston		Father's Birthplace	Ind	
Mother's Maiden Name	Margaret Arnold		Mother's Birthplace	Ind	
Name of person giving information	Mellie Frost		How related to deceased	Daughter	

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	<i>Alcohol &amp; Gun Stroke</i>	How long	<i>a few days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>P. W. May</i>	
<i>Acin</i>		Address	
		<i>Cumtland</i>	
Accident or Suicide?			



Name  
in  
Full

Patrick J. Gallagher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Int Savage* <sup>County</sup> *Alleghany* **MARYLAND**

Date of death *1907* <sup>Month</sup> *Aug* <sup>Day</sup> *27* <sup>Years</sup> *62* <sup>Months</sup> *4* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Foreman Foundry* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Addie Stevens*

Father's Name *John Gallagher* Father's Birthplace *Ireland*

Mother's Maiden Name *Bridget Carabine* Mother's Birthplace *Ireland*

Name of person giving information *Joe Gallagher* How related to deceased *Son*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *4 mos*

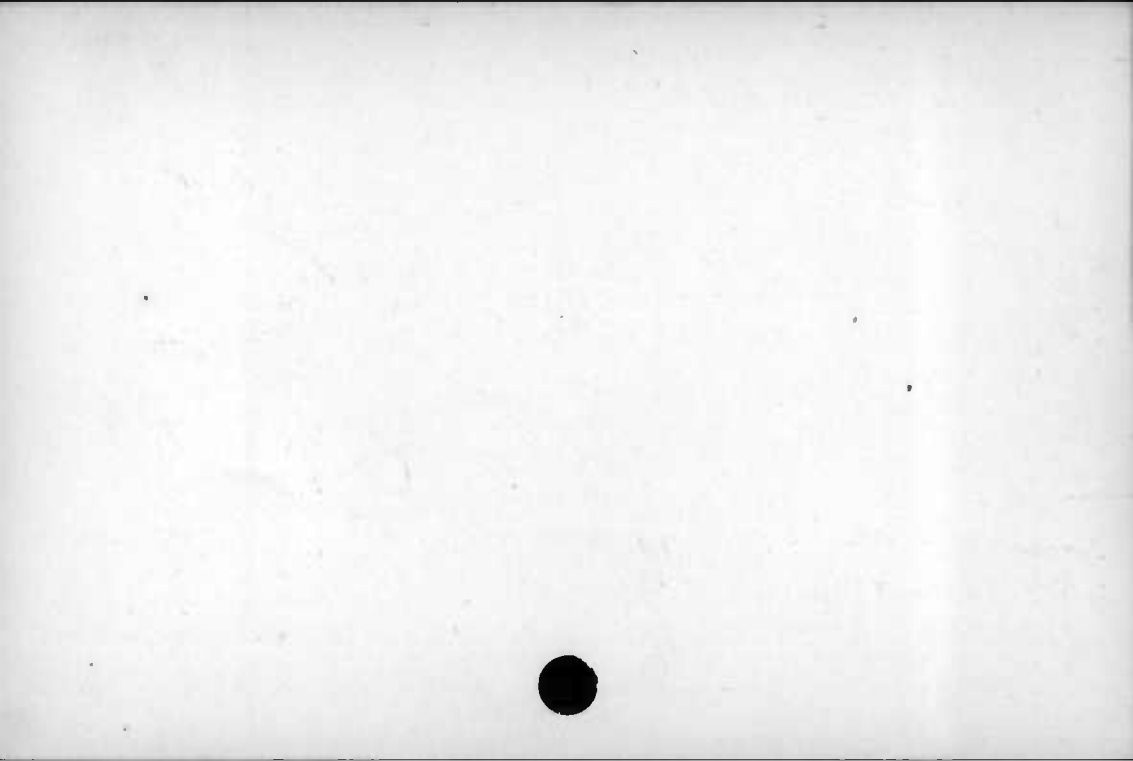
Immediate *Exhaustion* *Hectic* How long *2 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. Alan G. Murray M.D.*

Address *Int Savage Ind*

Accident or Suicide? ☐



Name  
in  
Full

Elvin Elworth Geisler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

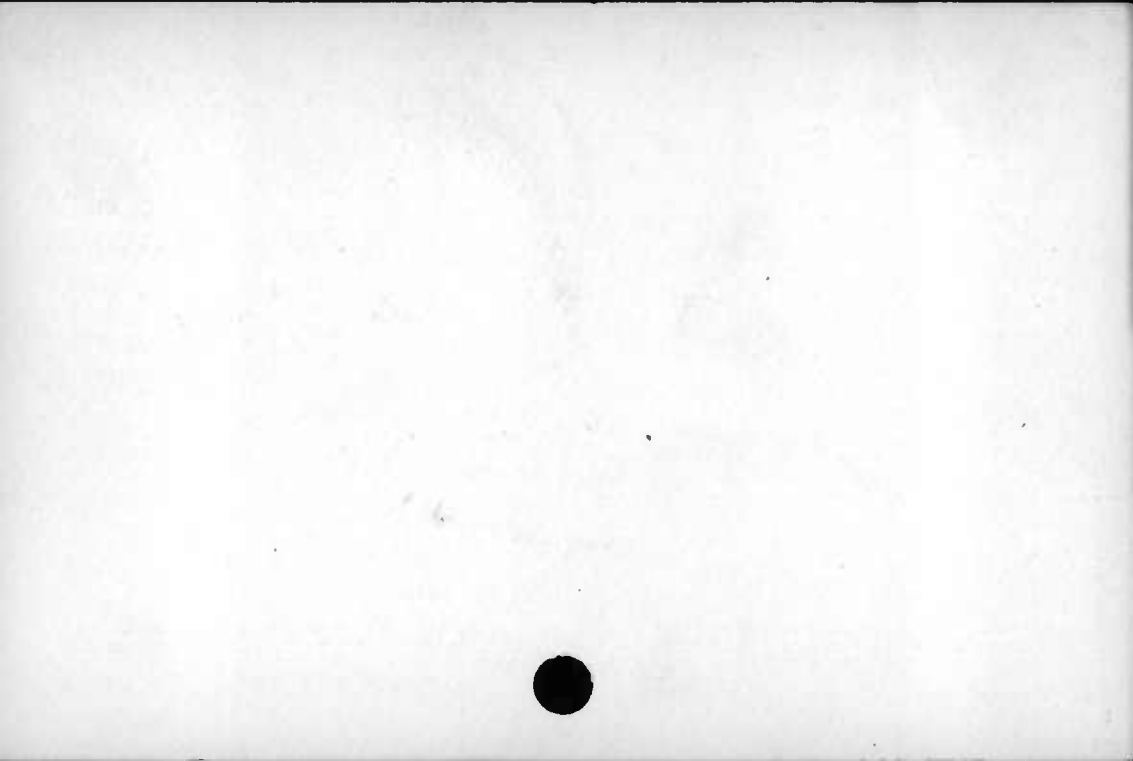
Died at <i>Longcoming</i> Town		County <i>Allegany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>27</i>	Age <i>1</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Edwood City Pa.</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Albert Geisler</i>		Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Eva H. Thompson</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs Albert Geisler</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>See Phys - Entero Colitis</i>	How long <i>3 months</i>
Immediate <i>Insanition</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
	Address <i>Longcoming Maryland</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Thomas Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

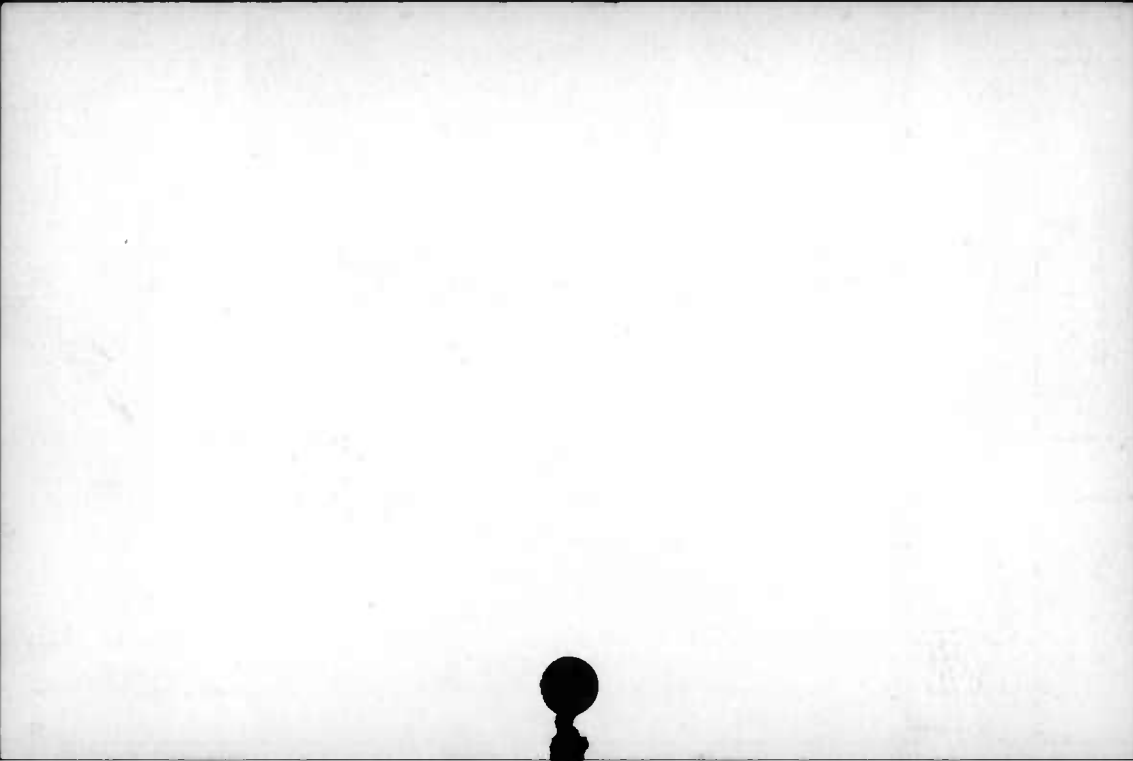
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	14	69			7
Sex		Color or Race		Birth-place			
Male		White		England			
Occupation		Where Residing if not at place of death					
Miller							
Married, Single or Widowed		Name of Wife or Husband					
Widower		Elizabeth Granger					
Father's Name		Father's Birthplace					
William Penn		England					
Mother's Maiden Name		Mother's Birthplace					
Sarah Clay		England					
Name of person giving information		How related to deceased					
Matilda McClintock		Sister					

CAUSES OF DEATH

14

PHYSICIAN  
OF CORONER

Primary	Chronic Bronchitis	How long	Two years
Immediate	Dysentery	How long	Six weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. B. Skilling M.D.	
		Address	
		Lonaconing,	
Accident or Suicide?			
No			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Goodrich</i>		Town <i>Ocean</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Ocean</i>		Month <i>Aug</i>		Day <i>28</i>		Years <i>89</i>	
Date of death <i>1907</i>		Age <i>89</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Pa</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>- Ocean</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Leroy Goodrich</i>					
Father's Name <i>John Hawser</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation <i>Leroy Goodrich</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>"Grip"</i>	How long <i>2 months</i>
Immediate <i>Smility</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Al Smith M.D.</i>
	Address <i>Midland</i>
Accident or Suicide? <i>No</i>	<i>Mo</i>



Name  
in  
Full

Frank Wm Grabenstein

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Crumblana

Annapolis

Date

Month

Day

Years

Months

Days

of death 1907

Aug

10

Age

20

—

10

Sex

male

Color or  
Race

White

Birth-  
place

Canada

Occupation

Driver

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

W. H. Grabenstein

Father's  
Birthplace

Canada

Mother's  
Maiden Name

Annie Boelner

Mother's  
Birthplace

Canada

Name of person giving  
In formation

W. H. Grabenstein

How related  
to deceased

Father

## CAUSES OF DEATH

1

Primary

Typhoid fever

How long

5 weeks

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
PhysicianW. W. Wiley,  
Annapolis, Md.

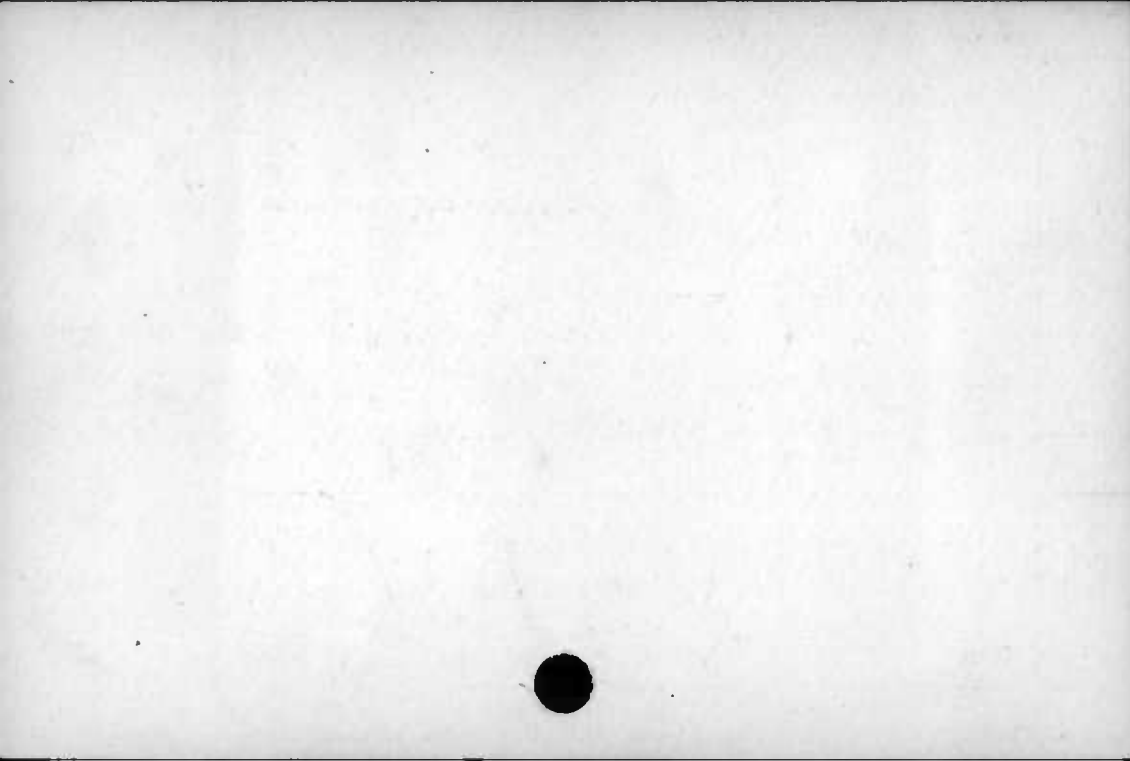
Address

Accident or Suicide?

Sudden

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Mary Francis Hammersmith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

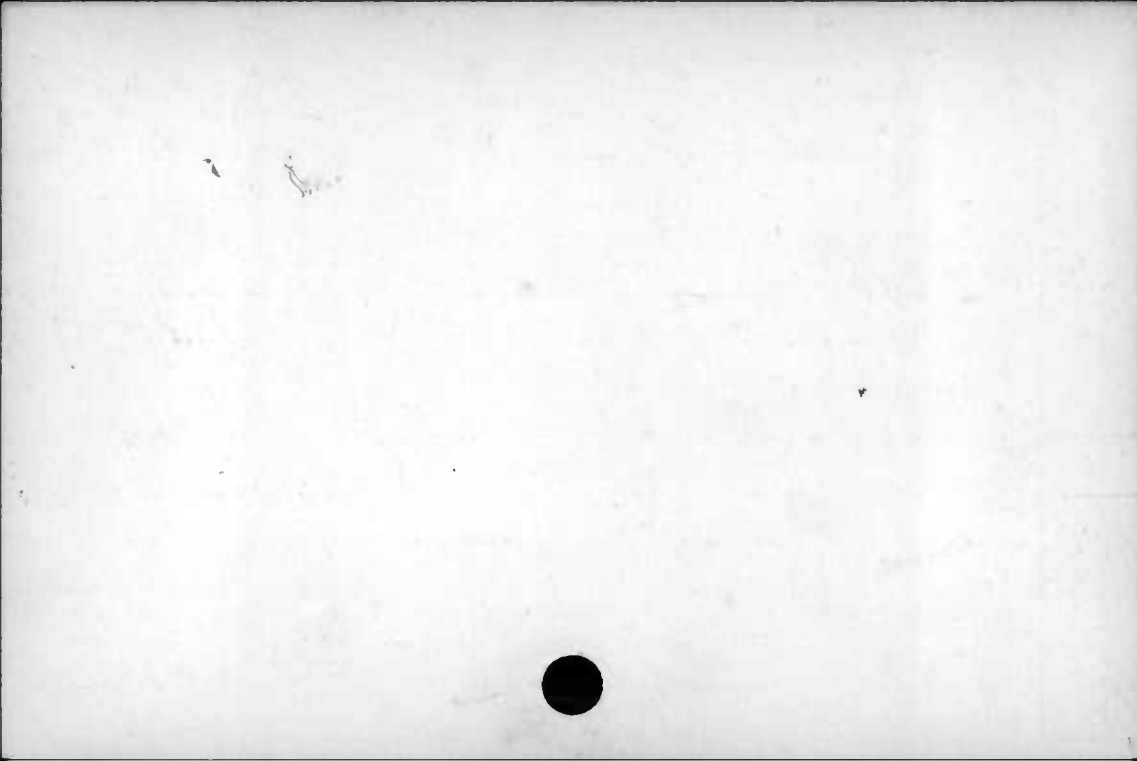
Died at <u>Cumt a</u>		County <u>Accugay</u>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1907	Aug	31	13	6	23
Sex	Color or Race	Birth-place			
Female	White	Cumt a			
Occupation	Where Residing if not at place of death				
None	-				
Married, Single or Widowed	Name of Wife or Husband				
Single	none				
Father's Name	Father's Birthplace				
Frank Hammersmith	Cumt a				
Mother's Maiden Name	Mother's Birthplace				
Fannie Roberson	Va				
Name of person giving information	How related to deceased				
Frank Hammersmith	Father				

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Dilated Right Ventricle</u>	How long	<u>all his life</u>
Immediate	<u>Heart failure</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>Thos H. Fawcett</u>	
<u>Stuvia</u>		Address	
		<u>One Tucker St. 3rd</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alleghany</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>22</i>	Age <i>84</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hannah Caroline</i>				
Father's Name <i>George Harden</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Margarete Rhinehart</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Maggie E. Harden</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

Primary	<i>93</i>	How long
Immediate <i>Pneumonia</i>		How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Bowers M.D.</i>	
	Address <i>Frostburg Md.</i>	
Accident or Suicide?		

Cates

77 11

Name  
in  
Full

Charlotte Harmonison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1907	Month Aug	Day 2	Age —	Months 5	Days	
Sex	Female		Color or Race	White		Birth- place	Cumhd
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name			J. E. Harmonison			Father's Birthplace	
Mother's Maiden Name			Ida Brookman			Mother's Birthplace	
Name of person giving information			J. E. Harmonison			How related to deceased	
						Father	

## CAUSES OF DEATH

Primary

Gastro Enteritis

105

How long

Immediate

Cholera

How long

Are the name, age, sex, color, date  
and place correctly given above?

J. E. H.

Signature of  
Physician

Address

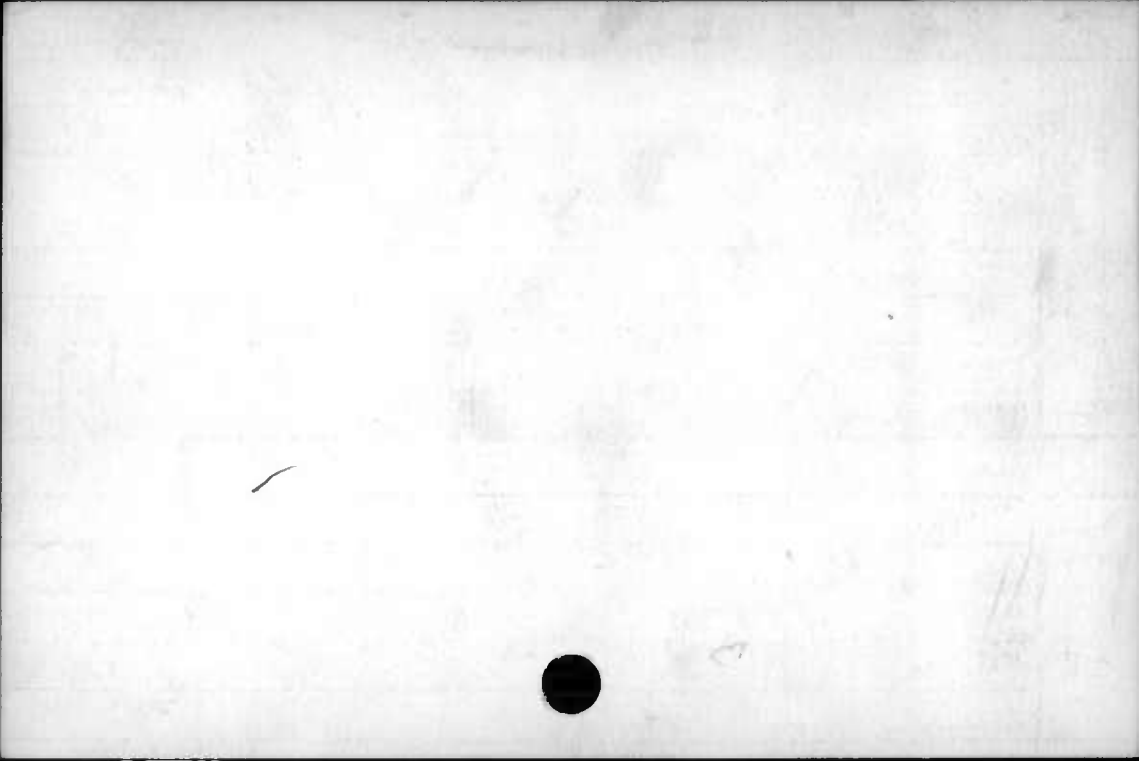
T. B. McDaniel  
Cumberland Md  
1701 Dinala

Accident or Suicide?

—

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

CERTIFICATE OF DEATH

*Stephan Vannerson Harper*  
Town *North Branch* County *Alleghany*

MARYLAND

Died at *North Branch*  
Date of death *1907 Aug 13* Age *64* Months *4* Days *11*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Lock Tender* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Harper*

Father's Name *James Harper* Father's Birthplace *Ind*

Mother's Maiden Name *Ellen H. Harper* Mother's Birthplace *Ind*

Name of person giving information *Susan Harper* How related to deceased *Wife*

CAUSES OF DEATH

**40**

Primary *Cancer of Liver & Stomach* How long *6 mos*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. M. Brown, M.D.*

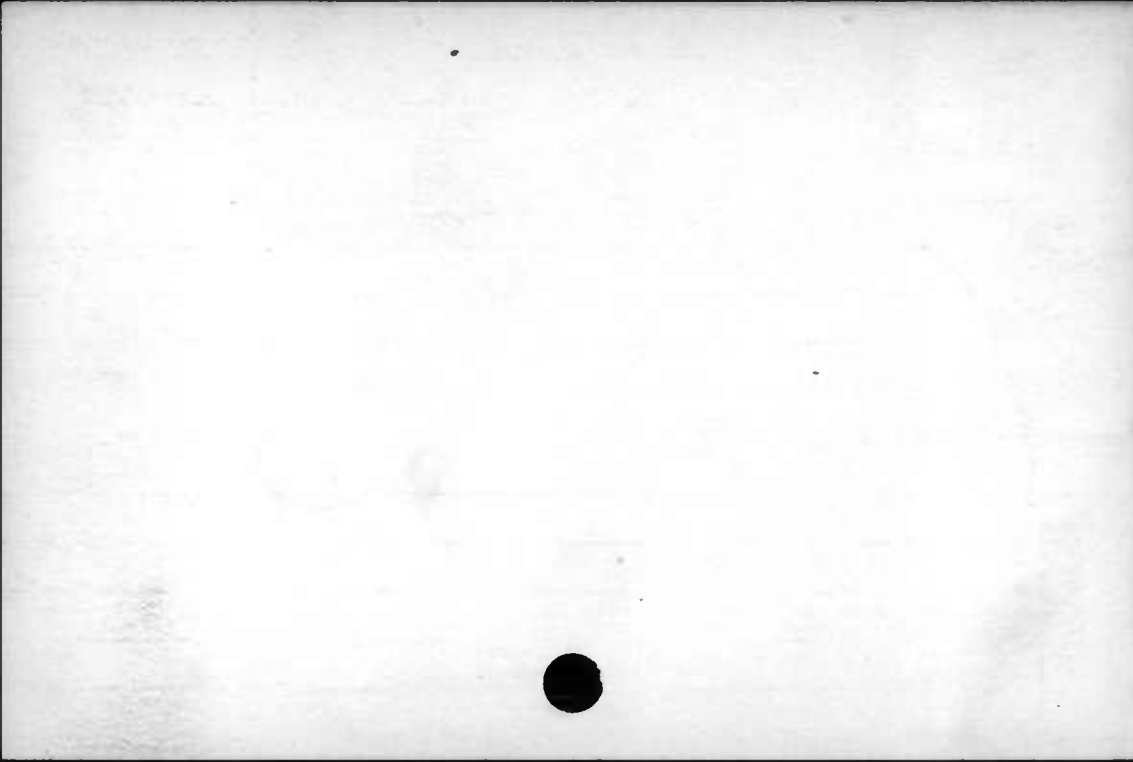
*sterile* Address *Richwood Ind*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

**1**



Name  
in  
Full

## CERTIFICATE OF DEATH

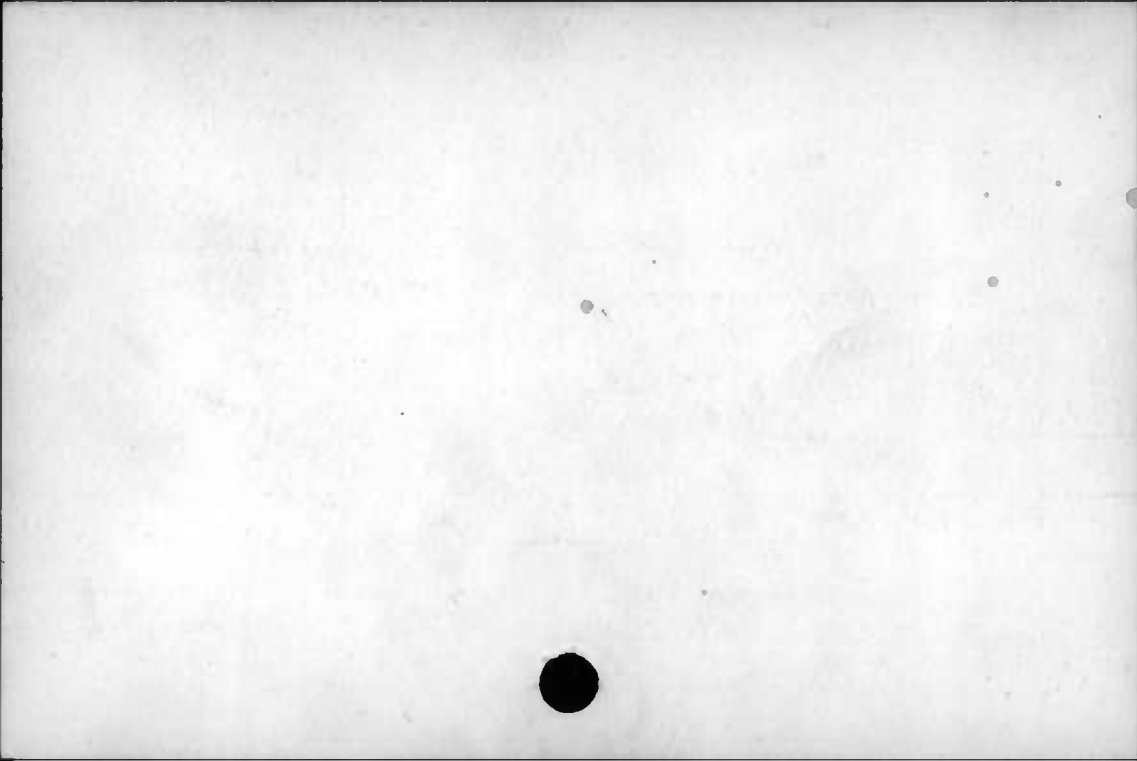
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		infant of E. W. Heavner		County		TOWN		CUMMIS		MARYLAND	
Died at		Cummis		County		Accugay		Date of death		1907	
Month		aug		Day		11		Age		Years	
Sex		male		Color or Race		white		Birth-place		Cummis	
Occupation		none		Where Residing if not at place of death		-					
Married, Single or Widowed		none		Name of Wife or Husband		none					
Father's Name		E. W. Heavner		Father's Birthplace		W. Va.					
Mother's Maiden Name		B. P. Clark		Mother's Birthplace		Ind.					
Name of person giving information		E. W. Heavner		How related to deceased		Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		St. Borne		How long		-	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. St. Borne	
Address		Cummis		Address		Cummis, Accugay	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtbd.</u> <sup>Town</sup> <u>Ind.</u> <sup>County</sup> <u>Hebner</u> <u>Allegheny</u>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>8</u> <sup>Day</sup> <u>7d</u> <sup>Years</sup> <u>—</u>	Age <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>2 Lerch St-</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>	
Father's Name <u>Geo. Hebner</u>		Father's Birthplace <u>Pa</u>	
Mother's Maiden Name <u>Ada May Day</u>		Mother's Birthplace <u>Pa</u>	
Name of person giving information <u>Dr. White</u>		How related to deceased <u>—</u>	

## CAUSES OF DEATH

Primary	<u>Protracted Labor</u>	How long <u>16 hours</u>
Immediate	<u>Suffocation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. H. White</u>
		Address <u>Cumtbd - Ind</u>
Accident or Suicide? <u>—</u>		

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

Amanda Hite

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Savage</i> <sup>Town</sup>		<i>Alleghany</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>August</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>63</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>5</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Housekeeping</i>		Where Residing if not at place of death <i>Mt Savage</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Albert Hite</i>				
Father's Name <i>John F. Hefibaugh</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Elizabeth Kelly</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Emma E. Cessna</i>			How related to deceased <i>Daughter</i>		

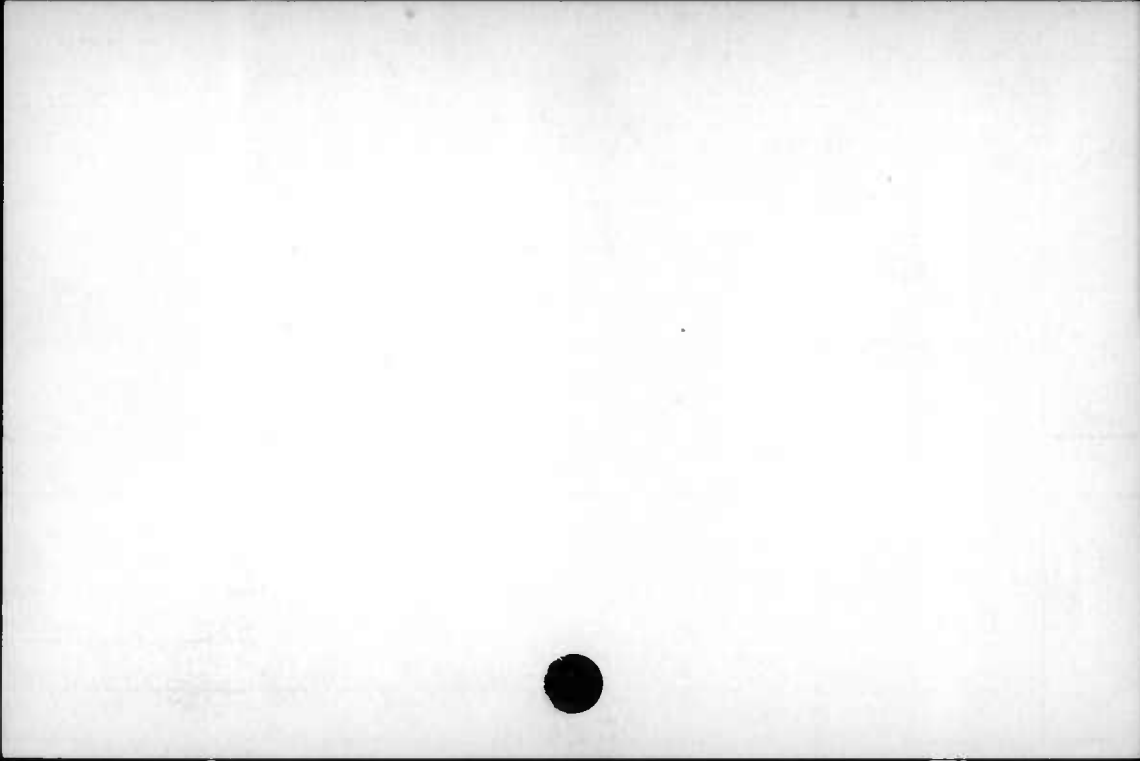
CAUSES OF DEATH

**14**

PHYSICIAN  
OR CORONER

**1**

Primary <i>Cent Dysentery</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>y</i>	Signature of Physician <i>F. Allan E. Murray M.D.</i>
	Address <i>Mt Savage</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Maple</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>1</i>	Months <i>6</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Charles Hough</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Emily M. Handel</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Chas Handel</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough Enteritis &amp; Dysentery</i>	How long <i>1 Mo</i>
Immediate <i>Exhaustion</i>	How long <i>5 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Broadnipple</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>No</i>	<i>98 Va. Ave.</i>



Name  
in  
Full

Inf. of Louis Kaloskey.

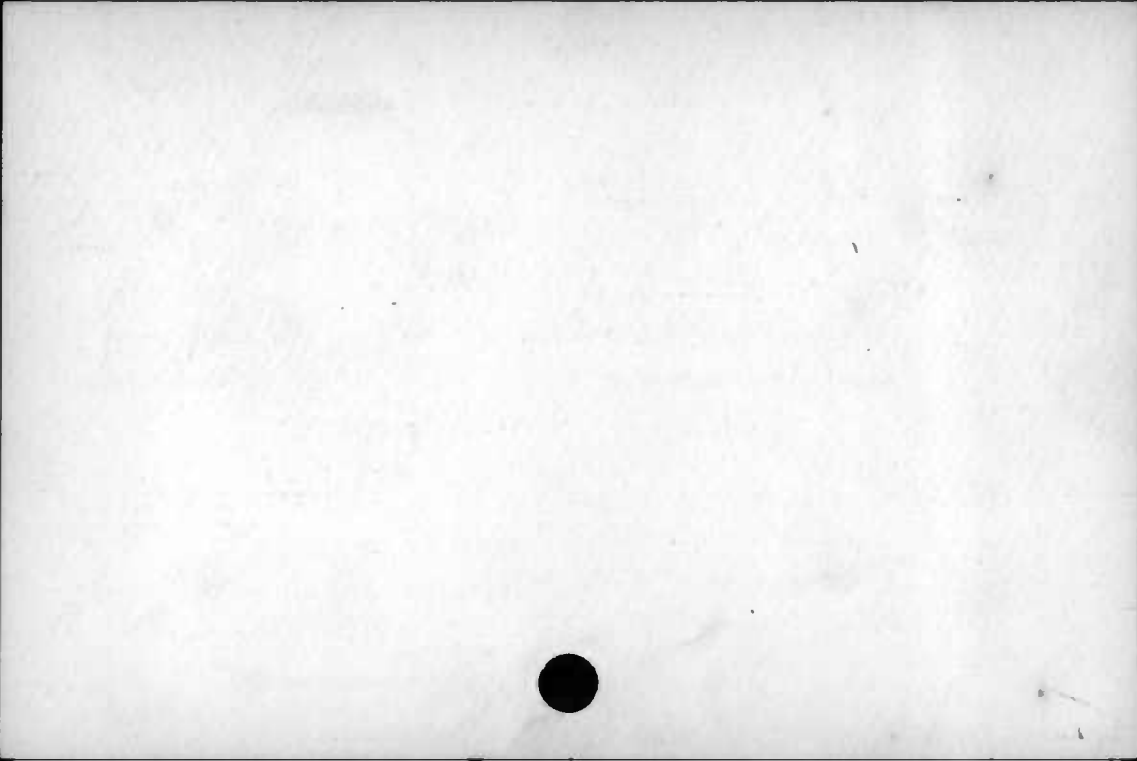
## CERTIFICATE OF DEATH

Died at		Town Near Cumber		County Alleghany		MARYLAND	
Date of death	1907	Month Aug.	Day 20	Age —	Years —	Months —	Days 22 hrs
Sex	male		Color or Race	white.		Birth-place	Cumber
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Louis Kaloskey				Father's Birthplace	Germany.	
Mother's Maiden Name	Bessie Korns				Mother's Birthplace	Cumber	
Name of person giving information	Louis Kaloskey				How related to deceased	Father	

## CAUSES OF DEATH

151

PHYSICIAN OR CORONER	Primary	Premature at 6 <sup>th</sup> month.	How long	all life
	Immediate		How long	all life
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes. <i>See.</i> <i>Stearns</i>		Address <i>Cumber</i> <i>Loghtman</i>	
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

Gertrude A. Kane

TO BE ANSWERED BY  
NEAREST FRIEND

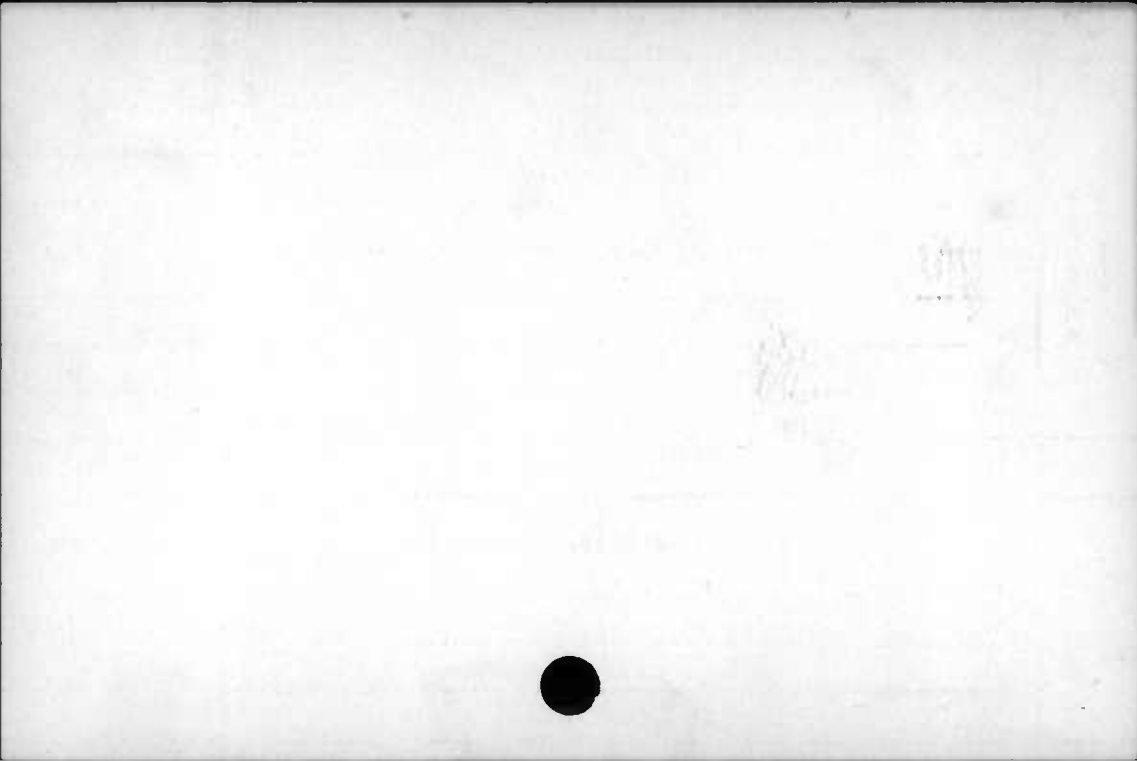
Died at <u>Quincy</u> Town		<u>Allen</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>17</u>	Age <u>About</u>	Years <u>9</u>	Months <u>—</u>
Sex <u>female</u>	Color or Race <u>whit-</u>		Birth-place <u>md</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Unknown</u>	Father's Birth-place <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>J. A. Kane</u>			(Adopted father)		

CAUSES OF DEATH

✓  
PHYSICIAN  
OR CORONER

Primary	<u>Enterocolitis</u>	How long <u>3 weeks</u>
Immediate	<u>Meningitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. H. Brace m D</u>
		Address <u>Quincy Md</u>
Accident or Suicide? <u>no</u>		

1105



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

## CERTIFICATE OF DEATH

Name in Full <b>Peter Kelley</b>		Town <b>Bout. near Cambria</b>		County <b>Allegheny</b>		State <b>MARYLAND</b>	
Died <b>at Bout. near Cambria</b>		Month <b>Aug</b>		Day <b>29</b>		Years <b>68</b>	
Date of death <b>1907</b>		Month <b>Aug</b>		Day <b>29</b>		Years <b>68</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth place <b>N.Y.</b>		Months <b>10</b>	
Occupation <b>Superintendent of canal</b>		Where Residing if not at place of death <b>Cambria</b>		Years <b>68</b>		Days <b>29</b>	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Martha Kelley</b>		Father's Birthplace <b>Ireland</b>		Mother's Birthplace <b>Don't know</b>	
Father's Name <b>John Kelley</b>		Mother's Maiden Name <b>don't know</b>		Name of person giving information <b>John Kelley</b>		How related to deceased <b>Son.</b>	

## CAUSES OF DEATH

Primary

**apoplexy****64**

How long

Immediate

**11**

How long

Are the name, age, sex, color, date and place correctly given above?

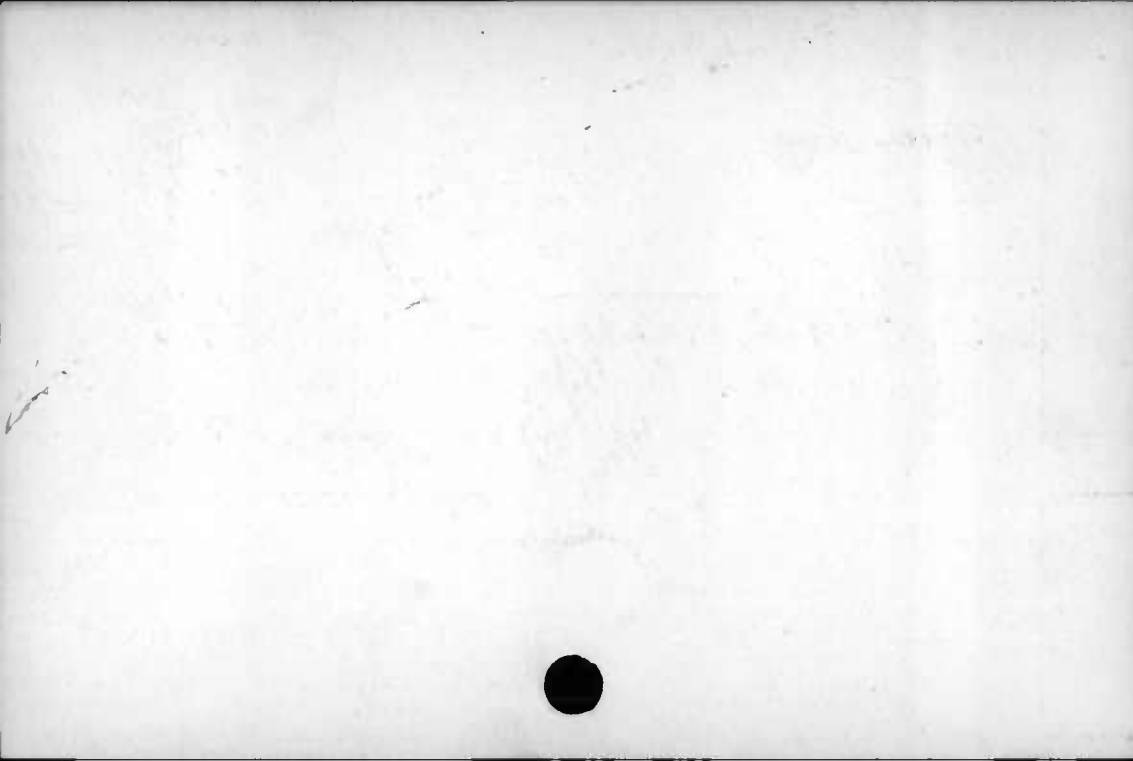
**yes.**

Signature of Physician

Address

**J. H. Math, Coroner**  
**Cambria**  
**Md.**

Accident or Suicide?



Name  
in  
Full

Lucille Koch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

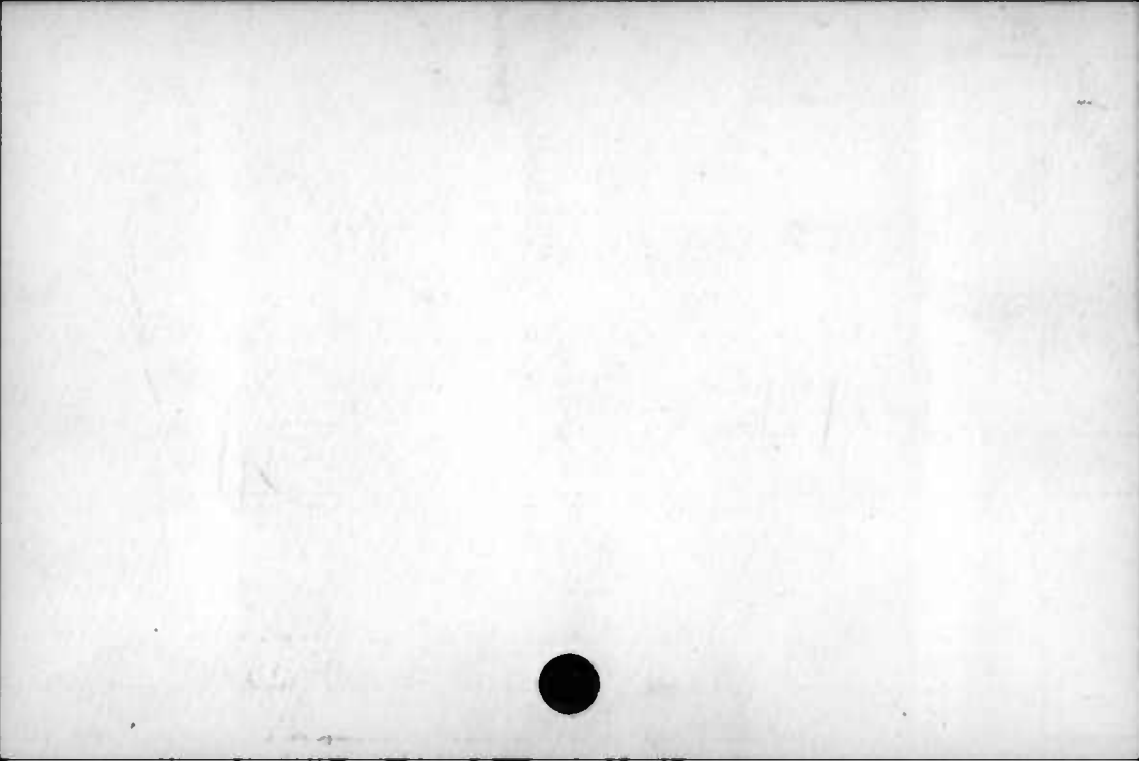
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	21			11	
Sex	Female	Color or Race	White	Birth-place	Ind		
Occupation	none			Where Residing if not at place of death	#69 Oldtown road		
Married, Single or Widowed	Single	Name of Wife or Husband	none				
Father's Name	William Koch					Father's Birthplace	Ind
Mother's Maiden Name	Verda Wilson					Mother's Birthplace	Pa
Name of person giving information	Mrs Barley					How related to deceased	none

## CAUSES OF DEATH

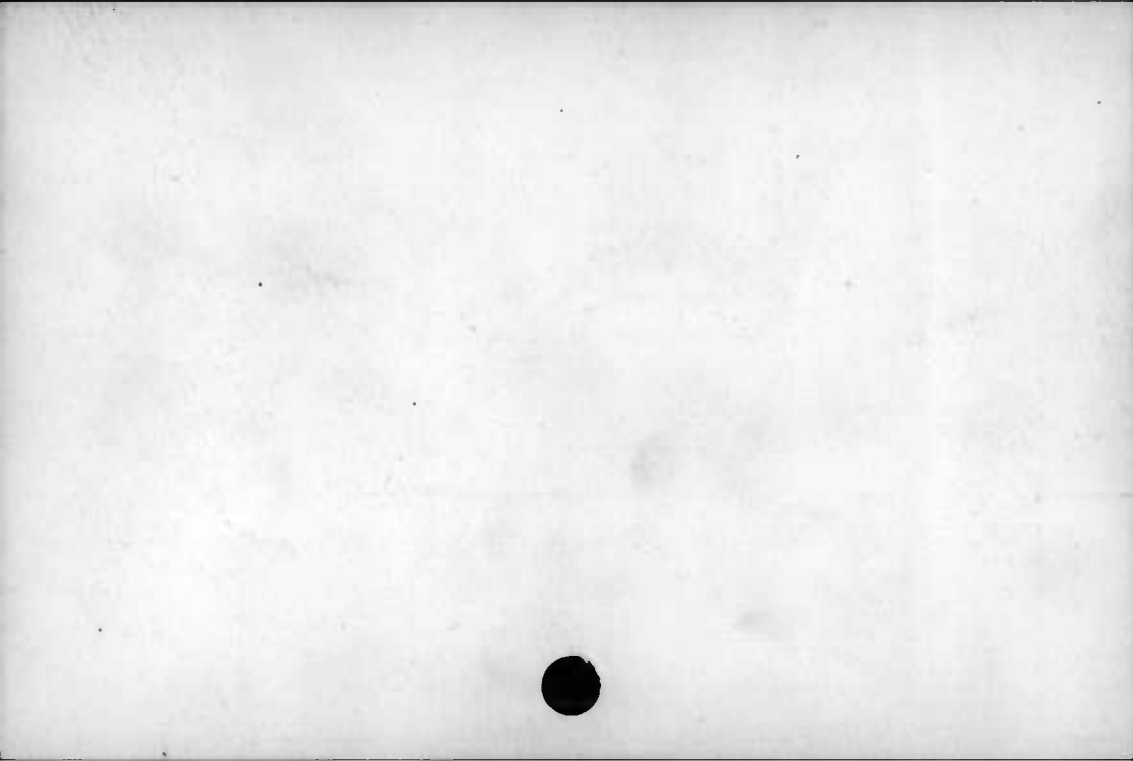
105-

PHYSICIAN  
OR CORONER

Primary	Intense Diarrhea & Nephritis	How long	1 mo
Immediate	Exhaustion	How long	days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. L. Braden
Address		Address	Ind.
Accident or Suicide?	No		Cumtland Ind.



Name in Full		Annie Elizabeth Lane.				CERTIFICATE OF DEATH	
Died at		Town Crown		County Accagey		MARYLAND	
Date of death		190	Month Aug	Day 29	Age 81	Months 2	Days 21
Sex Female		Color or Race White		Birthplace Frederick Md.			
Occupation retired House Keeper.		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of <del>Wife</del> Husband John B Lane					
Father's Name John Linton		Father's Birthplace England.					
Mother's Maiden Name Don't know.		Mother's Birthplace Don't know					
Name of person giving information Martha Shuck.		How related to deceased step daughter					
<div style="display: flex; justify-content: space-between;"> <div> <p>TO BE ANSWERED BY NEAREST FRIEND</p> </div> <div> <p>CAUSES OF DEATH</p> <p>154</p> </div> </div>							
Primary		Reach of advanced age				How long —	
Immediate		—				How long —	
Are the name, age, sex, color, date and place correctly given above?		Yes					
Signature of Physician		W. W. Wiley					
Address		Edinburgh Md					
Accident or Suicide?		2					



Name  
in  
Full

## CERTIFICATE OF DEATH

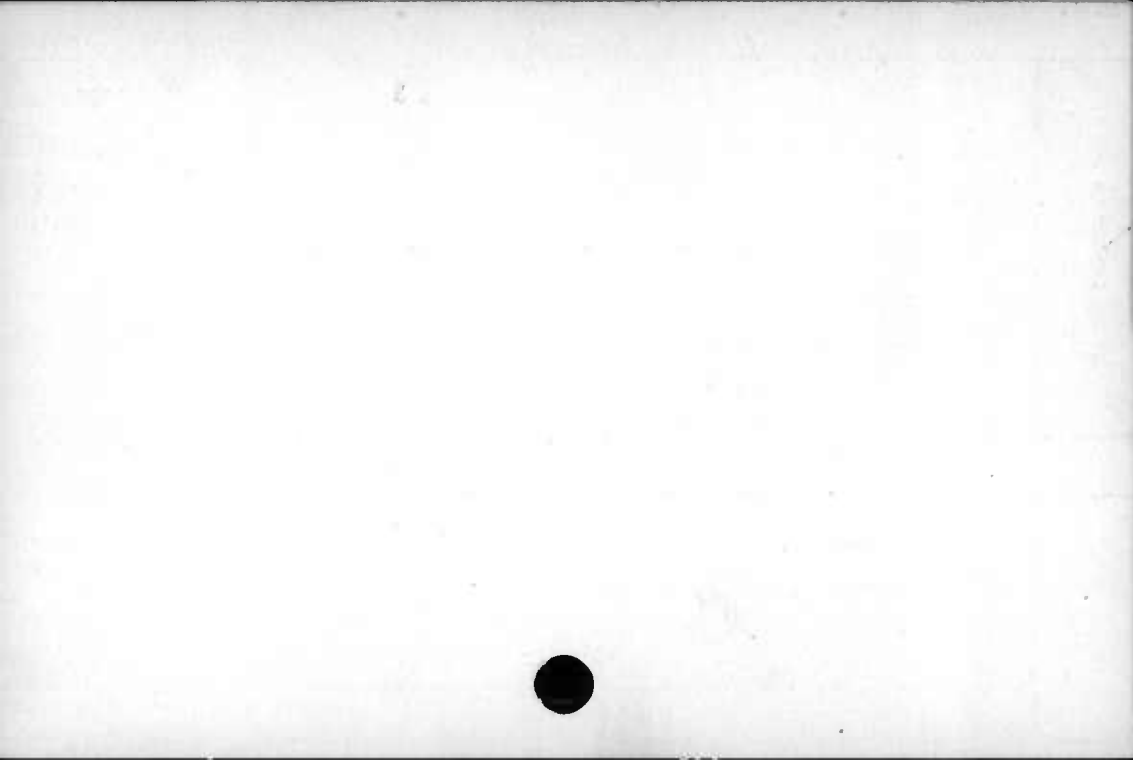
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Eliza Logsdon</i>		Town <i>Butt Saray</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Butt Saray</i>		Month <i>August</i>		Day <i>13</i>		Years <i>1907</i>	
Date of death <i>1907</i>		Month <i>August</i>		Day <i>13</i>		Age <i>104</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Butt Saray, Pa.</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Walter Logsdon</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Schung</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Walter Logsdon</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
**1**

Primary <i>Acute</i>	<b>104</b>	How long <i>all life</i>
Immediate <i>Acute Indigestion</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Albee &amp; Murray</i>	Address <i>Butt Saray, Ind</i>
Accident or Suicide?		



Name  
in  
Full

Claudia Lowrey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Int Sarag</u> <sup>Town</sup>		<u>Hallaway</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Aug	Day	20
Age	1	Years	6	Months	
Sex	Female	Color or Race	White	Birth-place	Int-Sarag
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Ross Lowrey			Father's Birthplace	Pa
Mother's Maiden Name	Rella Porter			Mother's Birthplace	Pa
Name of person giving information	John Lowrey			How related to deceased	Grandfather

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Intestinal Intoxication	How long	2 days
Immediate	Emmal Annuptions	How long	15 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
7		D. Alan E. Murray	
		Address	
		Int Sarag Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Alice Elizabeth Mean

Died at *Ind Saray*County *Allegheny*

MARYLAND

Date of death 190 *7* Month *August* Day *11<sup>th</sup>*Age *—* Years *—* Months *4* Days *—*Sex *Female*Color or Race *White*Birth-place *Ind Saray*Married, Single or Widowed *—*Occupation *—*Name of Wife or Husband *—*Father's Name *Chas Mean*Father's Birthplace *Ind*Mother's Maiden Name *Julia Crump*Mother's Birthplace *Ind*Name of person giving information *Chas Mean*How related to deceased *Father*

## CAUSES OF DEATH

104

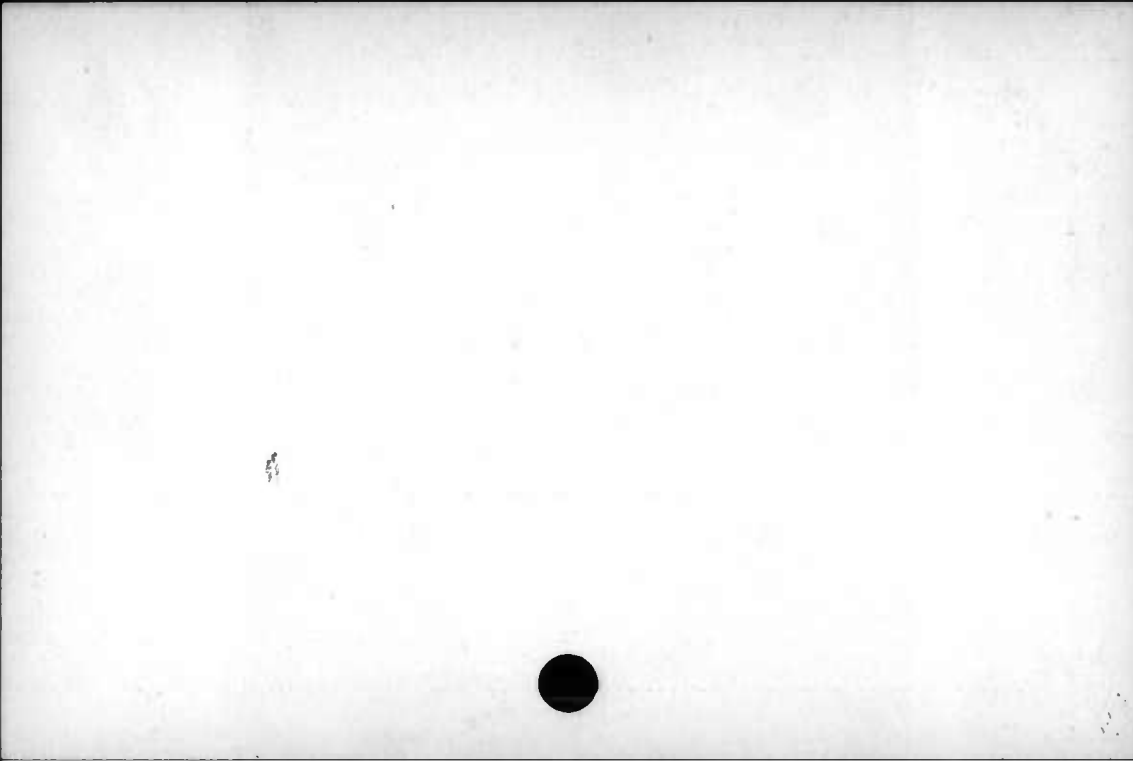
Primary *Granular*How long *3 weeks*Immediate *Indigestion*How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. Alan S. Meaney*Address *Ind Saray*

Accident or Suicide?

*Ind*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John L. Metzger*

Died at *Frostburg* <sup>Town</sup> *Allegheny* <sup>County</sup> **MARYLAND**

Date of death *1907* <sup>Month</sup> *8* <sup>Day</sup> *10* <sup>Years</sup> *85* <sup>Months</sup> *5* <sup>Days</sup> *11*

Sex *Male* Color or Race *White* Birth place *Germany*

Occupation *Retired* Where Residing if not at place of death *Home*

Married, Single or Widowed *Widowed* Name of Wife or *Louisa Zunker*  
Husband

Father's Name *Conrad H. Metzger* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Frey* Mother's Birthplace *Germany*

Name of person giving information *Geo. E. Metzger* How related to deceased *Son*

## CAUSES OF DEATH

Primary

*apoplexy**64*

How long

*24 hours*

Immediate

*Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Thomas H. Marney*

*Frostburg, Maryland*

Accident or Suicide?

Haber  
Forrestall

Name  
in  
Full

Clarence Mikesell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Frostburg</i>		<sup>County</sup> <i>Alleghany</i>		MARYLAND								
Date of death	1907	Month	<i>Aug.</i>	Day	<i>22</i>	Age	<i>10</i>	Months		Days		
Sex	<i>boy</i>		Color or Race	<i>White</i>		Birth-place	<i>Frostburg</i>					
Occupation						Where Residing if not at place of death						
Married, Single or Widowed					Name of Wife or Husband							
Father's Name					<i>John W. Mikesell</i>					Father's Birthplace		<i>Bedford Co. Pa.</i>
Mother's Maiden Name					<i>Alice Lynch</i>					Mother's Birthplace		<i>Fulton Co. Pa.</i>
Name of person giving information					<i>Mr. Mikesell</i>					How related to deceased		<i>Mother</i>

## CAUSES OF DEATH

103-

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	
Immediate	<i>Cholera Infantum</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Dr. R. C. Bannen</i>	
Address		<i>Frostburg Md.</i>	
Accident or Suicide?			

Collier

X

X



Name  
in  
Full

G. Rudolph Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

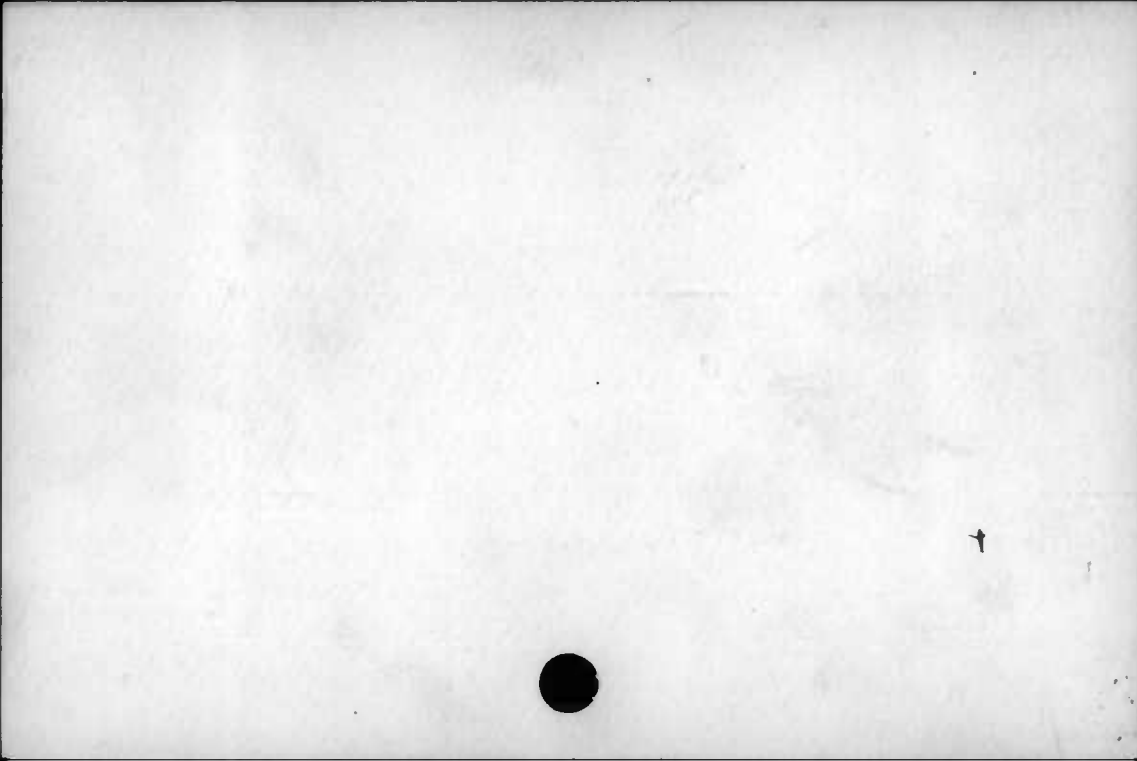
Died at <u>Cumberland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	Months <u>5</u> <small>Months</small>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Cumhd</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Walter Mills</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Ira Crompton</u>	Mother's Birthplace <u>N Va.</u>				
Name of person giving information <u>Walter Mills</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary <u>Morassurus</u>	How long <u>4 Mos</u>
Immediate <u>Cerebrum A Brain</u>	How long <u>sev. Days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E B Claybrook MD</u>
<u>1097</u> <u>John</u> <u>Steele</u>	Address <u>Cumberland Md</u>
Accident or Suicide?	<u>Claybrook</u>



Name  
in  
Full

Henry Davis Nee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

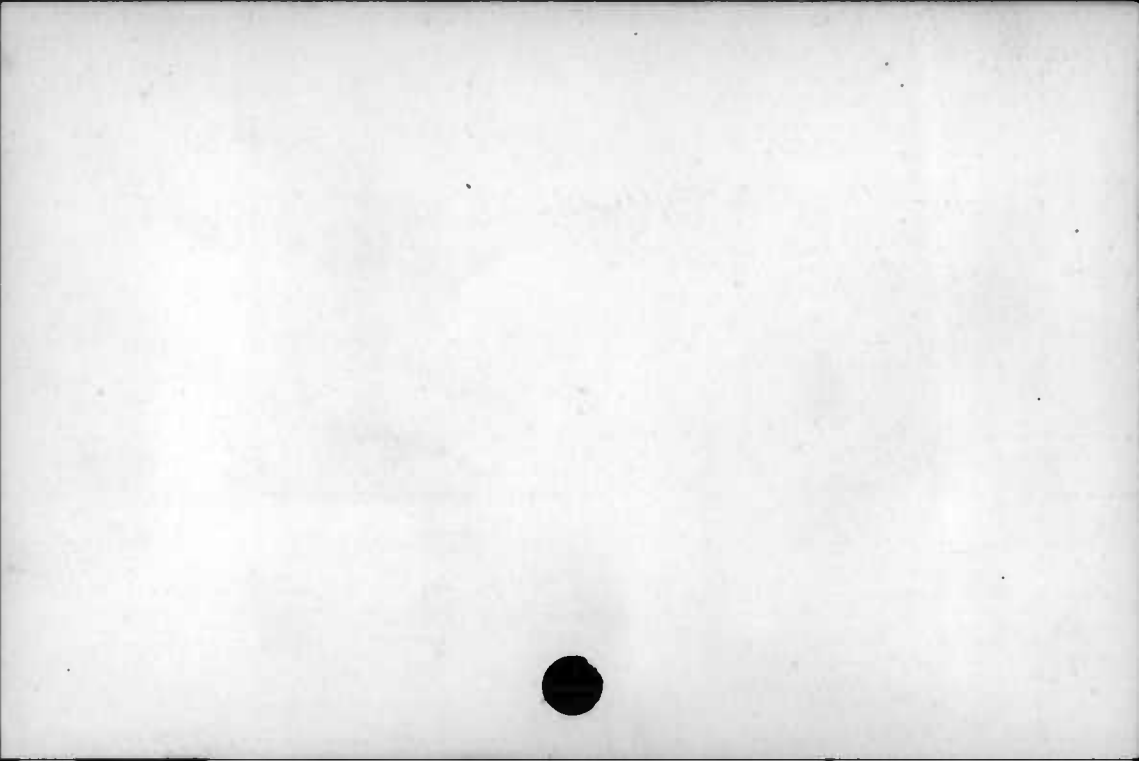
Died at		Town Cumbola		County Alligany		MARYLAND	
Date of death		1907	Month Aug	Day 24	Age 1	Years 6	Months —
Sex Male		Color or Race White		Birth-place Cumbola			
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name John S. Nee				Father's Birthplace W. Va			
Mother's Maiden Name Lucy O Donnell				Mother's Birthplace Cumbola			
Name of person giving information John S. Nee				How related to deceased Father			

## CAUSES OF DEATH

105-

PHYSICIAN  
OR CORONER

Primary	Mes Colitis	How long	3 months
Immediate	Exhaustion	How long	weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Johnson	
Yes		Address [Redacted]	
Stein		[Redacted]	
Accident or Suicide?		Dr. J. H. Johnson	



Name  
in  
Full

Clarence H. Koland.

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cmmt d.

Date

1907

Month

aug

Day

8

Age

Years

18

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Romney H. Co.

Occupation

Brakeman

Where Residing if not  
at place of death

S. Emma

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Joseph H. Koland

Father's  
Birthplace

H. Va

Mother's  
Maiden Name

Virginia E. Krimer

Mother's  
Birthplace

H. Va.

Name of person giving  
In formation

Samuel S. Koland

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Struck by train

164

How long

Immediate

crushed skull

How long

11 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

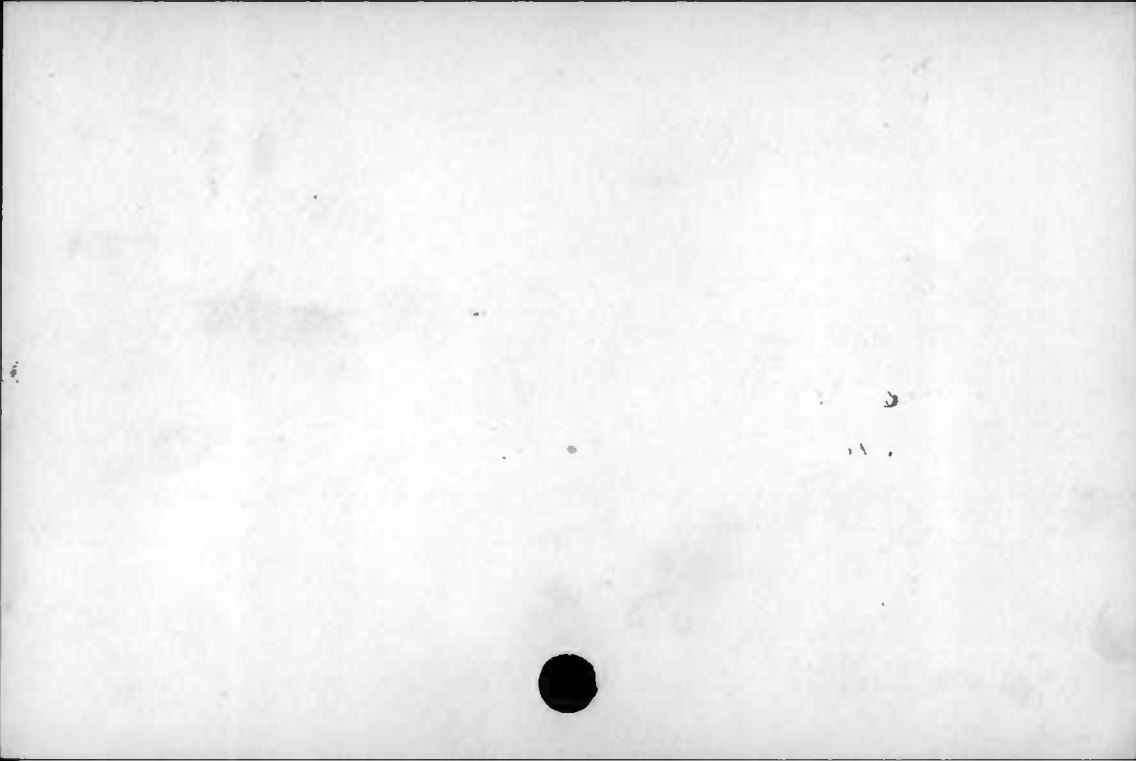
Signature of  
Physician

Address

E. B. Blynn  
Cape Charles, Va.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Adam. 10 pills.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

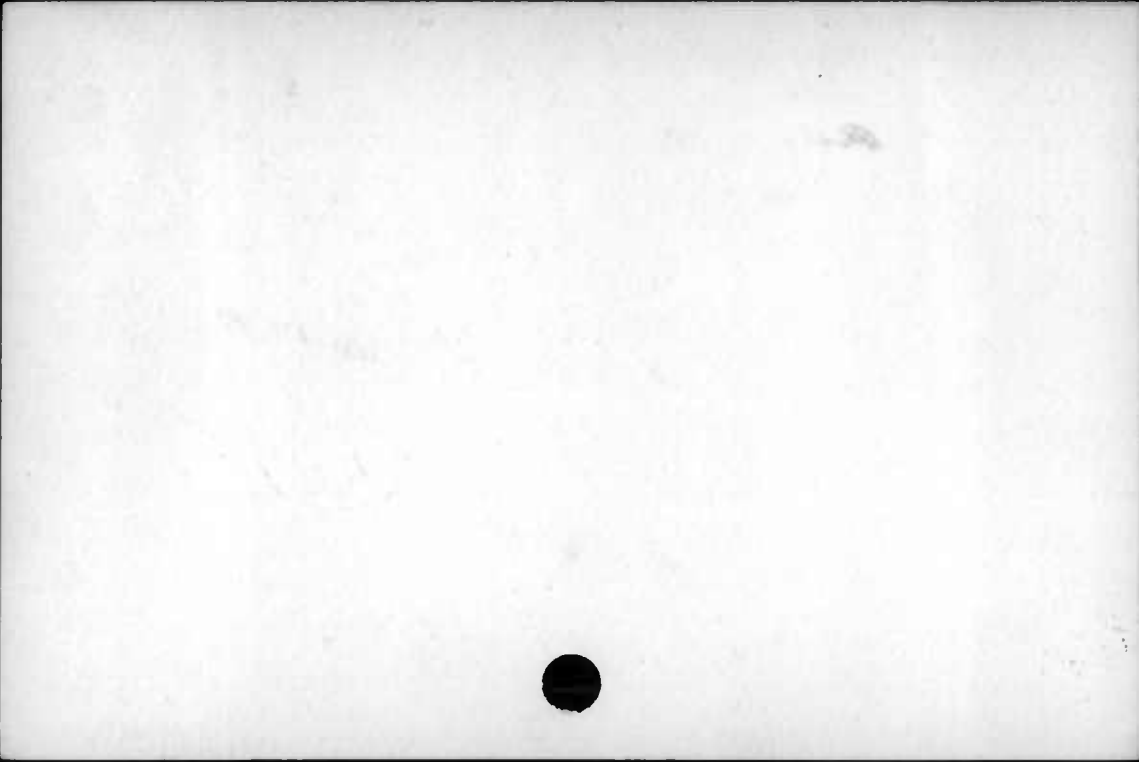
Died at <u>Bardonia</u>		Town <u>Allegany</u>		County	
Date of death	1907	Month	Aug.	Day	19
Age	3	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Bardonia
Occupation	Where Residing if not at place of death <u>Bardonia</u>				
Married, Single or Widowed	—		Name of Wife or Husband <u>Anna Patterson</u>		
Father's Name	<u>Mrs. G. Poills</u>			Father's Birthplace	<u>Cakland</u>
Mother's Maiden Name	<u>Anna Patterson</u>			Mother's Birthplace	<u>Beetham</u>
Name of person giving information	<u>Dr. Okerhile</u>			How related to deceased	<u>none</u>

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infan mor</u>	How long	<u>19 hrs.</u>
Immediate	<u>Shock</u>	How long	<u>19 "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. Okerhile</u>
		Address	<u>National</u>
Accident or Suicide?	<u>—</u>		<u>Ad -</u>

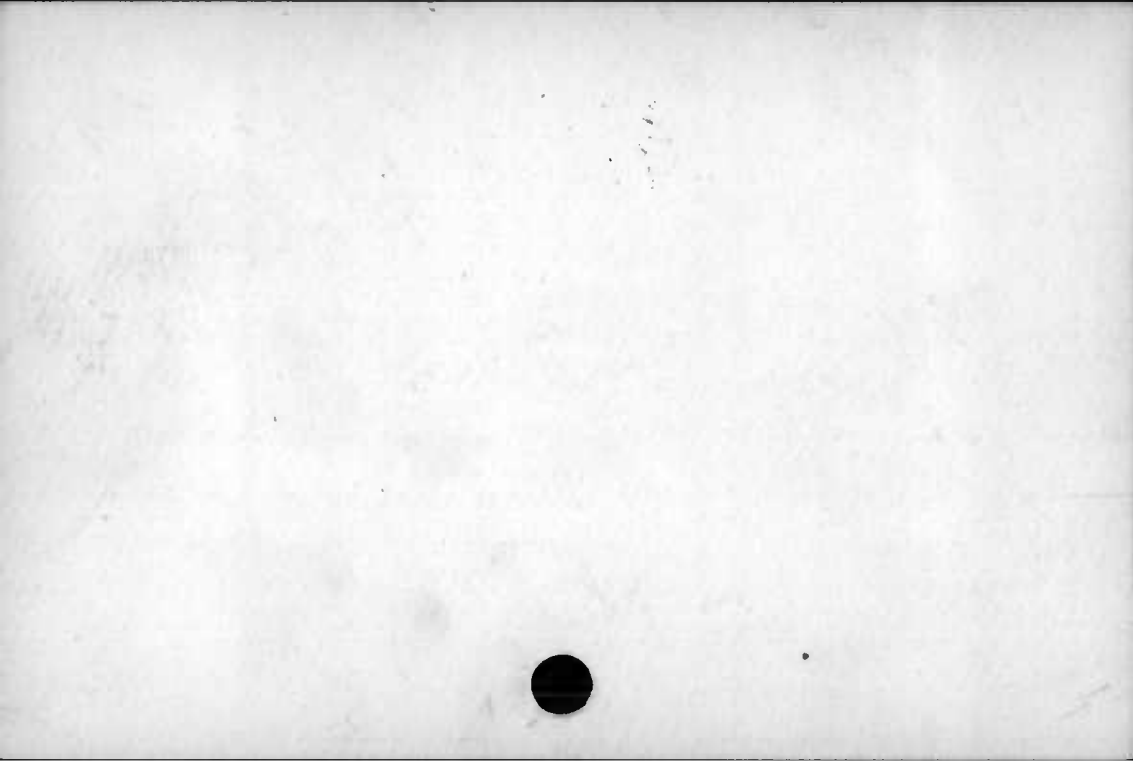


Name in Full		Lena Mildred Perry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND	
		Town		County			
		Cumber		Allegheny			
		Date of death		Month		Day	
		1907		Aug		11	
		Age		Years		Months	
		5		12			
		Sex		Color or Race		Birth-place	
		Female		White		Cumber	
		Occupation		Where Residing if not at place of death			
		none					
		Married, Single or Widowed		Name of Wife or Husband			
		Single		none			
		Father's Name				Father's Birthplace	
		M P Perry				Md	
		Mother's Maiden Name				Mother's Birthplace	
		Pheoby Wilson				Md	
		Name of person giving information				How related to deceased	
		M P Perry				Father	
		CAUSES OF DEATH					
		Primary				How long	
		Enteric Colitis				8 days	
		Immediate				How long	
		Exhaustion.				7 w hrs.	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		Yes.				Edward Harris, M.D.	
		Address				Cumber	
		Accident or Suicide?				Md.	

105

PHYSICIAN OR CORONER

✓



Name  
in  
Full

Philips

CERTIFICATE OF DEATH

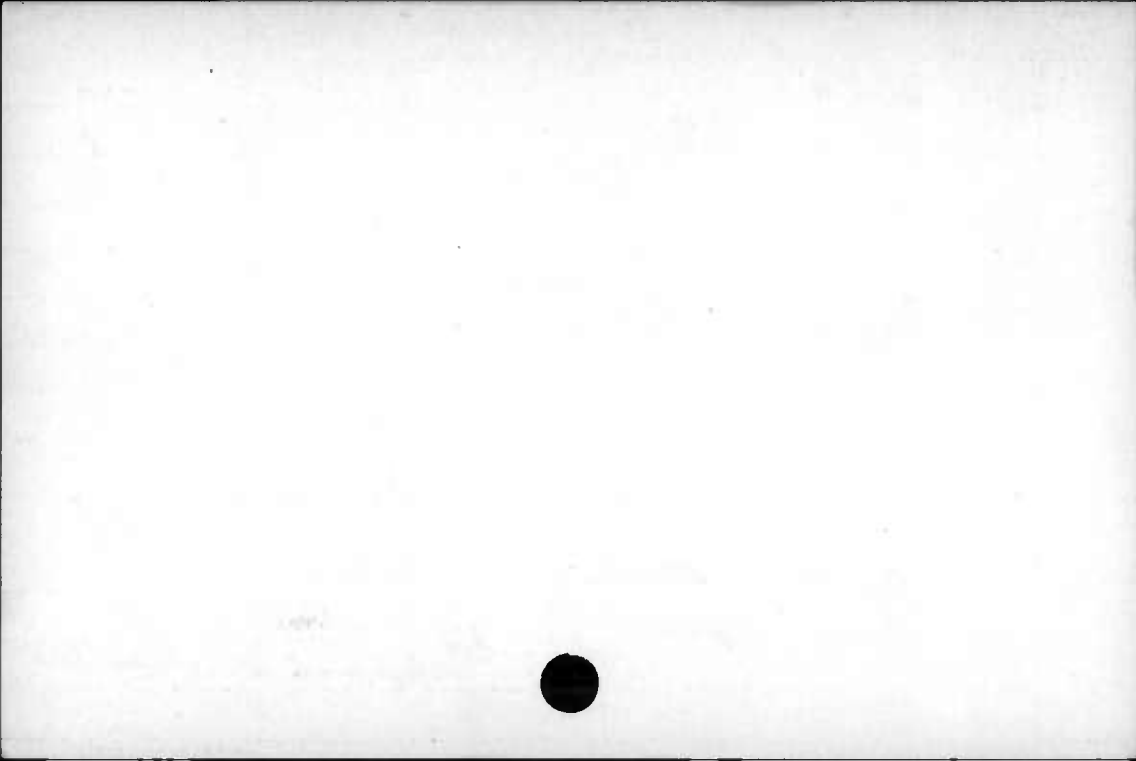
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Allegany</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>19</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Barton</u>		
Occupation <u>L</u>			Where Residing if not at place of death <u>L</u>		
Married, Single or Widowed <u>L</u>		Name of Wife or Husband <u>L</u>			
Father's Name <u>John Philips</u>			Father's Birthplace <u>Wales</u>		
Mother's Maiden Name <u>Minora Miller</u>			Mother's Birthplace <u>Alleg. Co</u>		
Name of person giving information <u>Mrs Miller</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still birth</u>	How long
Immediate	<u>Still birth</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. A. Boucher</u>
		Address <u>Barton</u>
Accident or Suicide?		



Name  
in  
Full

Adams

Politz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Londontown</b> <small>Town</small>		<b>Allegheny</b> <small>County</small>		<b>MARYLAND</b>	
Date of death	<b>1907</b> <small>Year</small>	<b>August</b> <small>Month</small>	<b>14</b> <small>Day</small>	<b>3</b> <small>Months</small>	<b>10</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth place <b>Londontown</b>		
Occupation <b>—</b>	Where Residing if not at place of death <b>Londontown</b>				
Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>Anne Politz nee</b>				
Father's Name <b>George E. Politz</b>	Father's Birthplace <b>Cleveland Ind.</b>				
Mother's Maiden Name <b>Anna Politz</b>	Mother's Birthplace <b>Scotland</b>				
Name of person giving information <b>D. H. White, M. D.</b>	How related to deceased <b>None</b>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <b>Cholera Infantis</b>	How long <b>17 hrs.</b>
Immediate <b>Shock</b>	How long <b>from beginning</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Dr. D. H. White</b>
	Address <b>National</b>
Accident or Suicide? <b>—</b>	<b>Med</b>

McLuckie Cemetery

J. C.

Name  
in  
Full

Iramo Poling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	8	Day	16
		Years		Months	7
		Age		Days	12
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cumberland</i>
Occupation	<i>[illegible]</i>	Where Residing if not at place of death <i>Cumberland</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Wheeler Poling</i>			Father's Birthplace	<i>WVA</i>
Mother's Maiden Name	<i>Orra Ferguson</i>			Mother's Birthplace	<i>WVA</i>
Name of person giving information	<i>Orra</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORNER

Primary	<i>Dysentery</i>	How long	<i>3 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>F R Buchdall</i>
		Address	<i>Cumberland</i>
			<i>md</i>
Accident or Suicide?			



Name

in  
Full

Nellie Quinn

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Carmichael

Date

1907

Month

Aug

Day

29

Age

Years

22

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Hager W. Va.

Occupation

Student

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

J. B. Quinn

Father's  
Birthplace

W. Va

Mother's  
Maiden Name

Ella J. Higgins

Mother's  
Birthplace

W. Va

Name of person giving  
In formation

J B Quinn

How related  
to deceased

Father

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

6 mos

Immediate

Exhaustion

How long

gradual

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. B. Clayton M.D.

Address

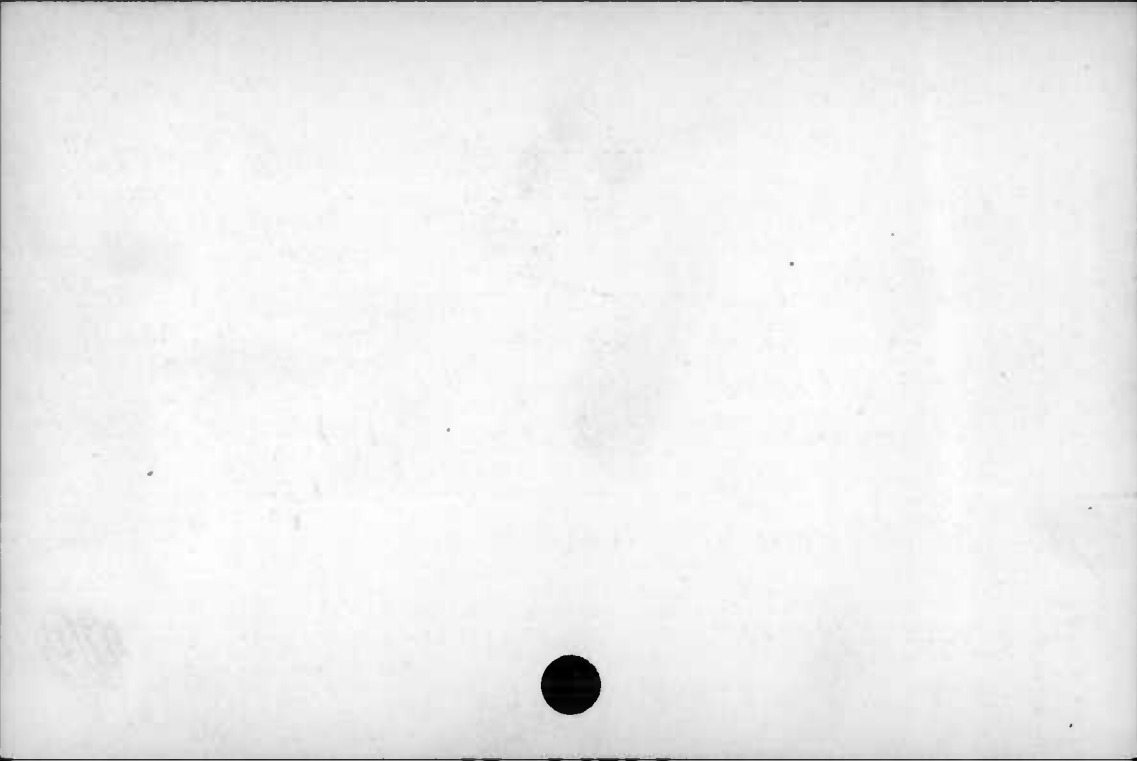
614 York  
Crimmeland Md

Accident or Suicide?

Steele

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

LIBRARY BUREAU A66616



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant of Agnes Reed

MARYLAND

Died at *Cumtla* Town *Allegany* County  
Date of death *1907* Month *Aug* Day *31* Age *—* Years *—* Months *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Cumtla*  
Occupation *none* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband *none*  
Father's Name *Joseph McGowan* Father's Birthplace *MD*  
Mother's Maiden Name *Agnes Reed* Mother's Birthplace *MD*  
Name of person giving information *Agnes Reed* How related to deceased *Mother*

CAUSES OF DEATH

*157*

PHYSICIAN  
OR CORONER

Primary *Prematurity* How long *8 mo or child*  
Immediate *Exhaustion* How long *2 wks*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. L. Owens M.D.*  
*Stearns* Address *98 N. Ave*  
*1* Accident or Suicide? *Cumtla Md*



Name  
in  
Full

Child of *H. N. Reith*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>27</i>	Age	Years <i>2</i> Months <i>6</i> Days <i>hours</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Cumt'd</i>	
			Where Residing if not at place of death		

Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>H. N. Reith</i>		Father's Birthplace	<i>Cumt'd Md</i>	
Mother's Maiden Name	<i>Elizabeth Speer</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>H. N. Reith</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cyanosis</i>	How long	<i>150</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>G. B. McDonald</i>	
		Address	
		<i>Cumt'd Md</i>	
Accident or Suicide?			

McDonald

Name  
in  
Full

Marion Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

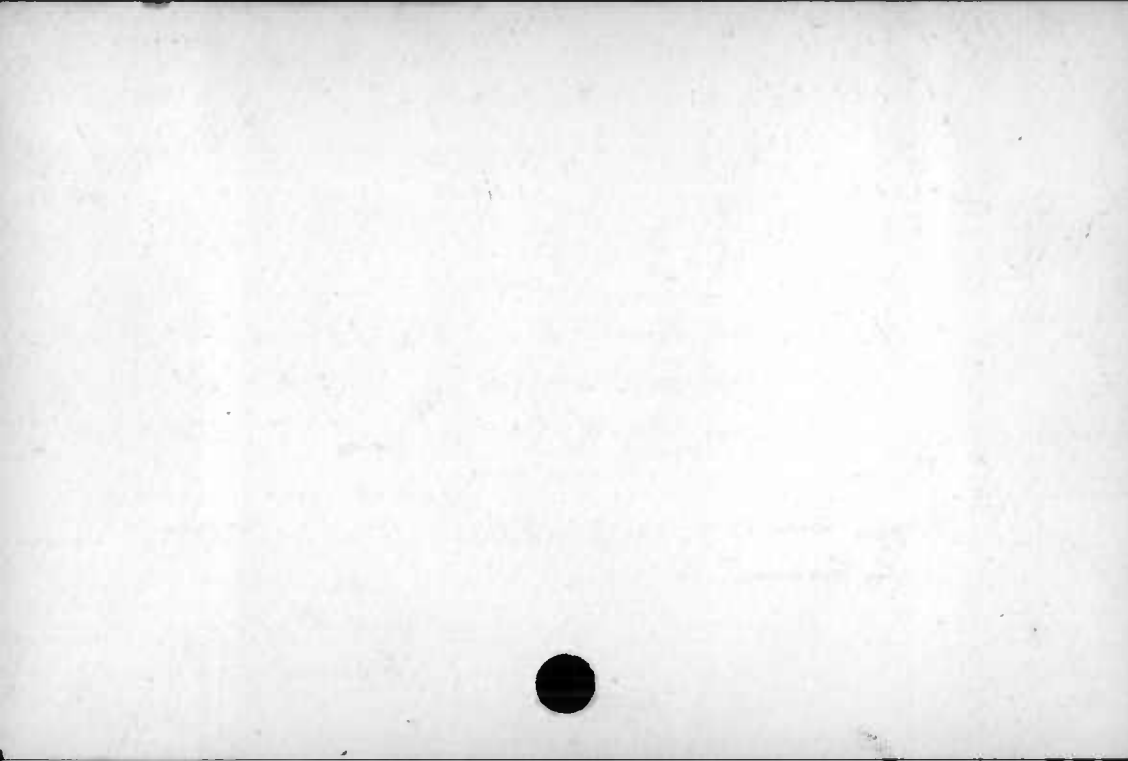
Died at		Town Crumm		County Allegheny		MARYLAND	
Date of death	1907	Month aug	Day 5	Age —	Months 6	Days 9	
Sex	Male		Color or Race	White		Birth-place	Crumm
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband none				
Father's Name	Milton Rice					Father's Birthplace	Pa
Mother's Maiden Name	Cary Golden					Mother's Birthplace	Pa
Name of person giving information	Alice Golden					How related to deceased	Grand mother

CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	5 mo
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas Bracken D
	Sten	Address	Crumm Ind
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Thomas B Rice*

Town *Trigton* County *Allegheny* MARYLAND

Died at *Trigton*

Date of death *1907 Aug 5* Age *77* Months *4* Days *13*

Sex *Male* Color or Race *White* Birth-place *Allegheny Co*

Occupation *Farmer* Where Residing if not at place of death *Trigton*

Married, Single or Widowed *Widow* Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving information *Columbus Rice* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bright's Disease* *120* How long *6 mos.*

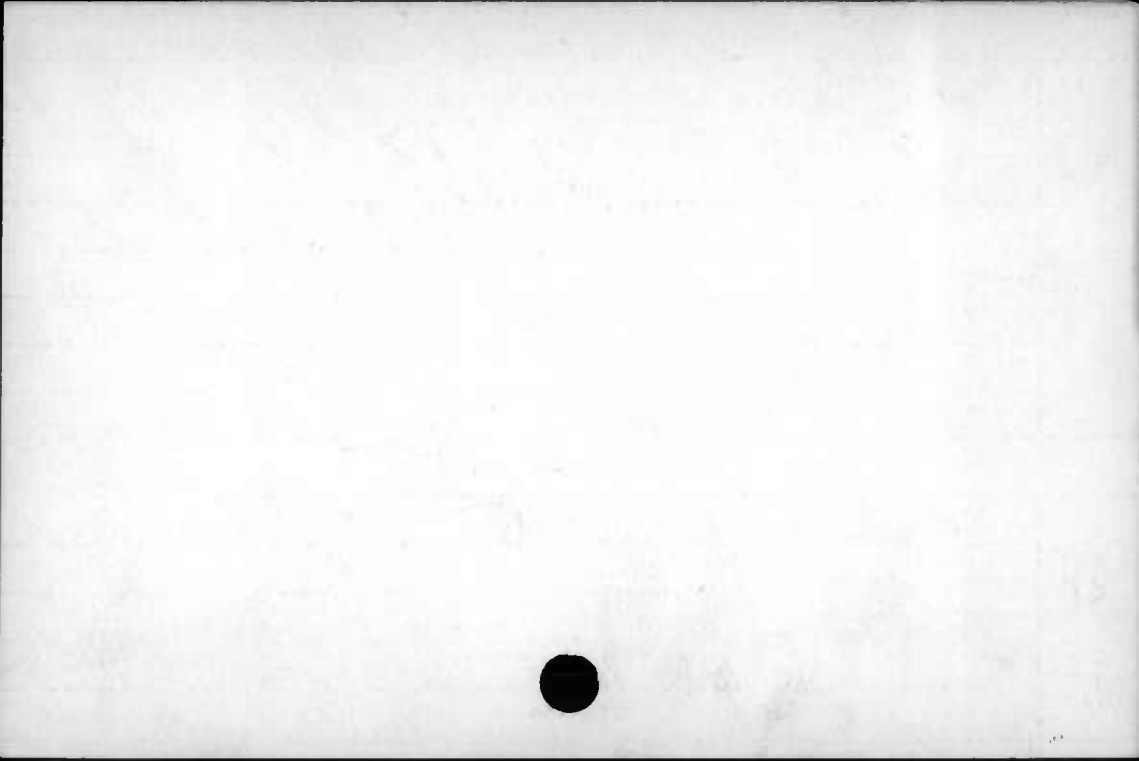
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos. W. Low*

Address *Columbus Rice*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Anna Belle Roberts*

Died at *Mapleside* Town *Allegany* County

Date of death *1907* Month *Aug* Day *12* Age *—* Years Months *4* Days *20*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

*Louis H Roberts*

Father's Birthplace

*Ind*

Mother's Maiden Name

*May A Robins*

Mother's Birthplace

*Ind*

Name of person giving information

*Mother*

How related to deceased

*Mother*

## CAUSES OF DEATH

**105**

Primary

*Cholera Infantum*

How long

*3 weeks*

Immediate

*Exhaustion*

How long

*7 days*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

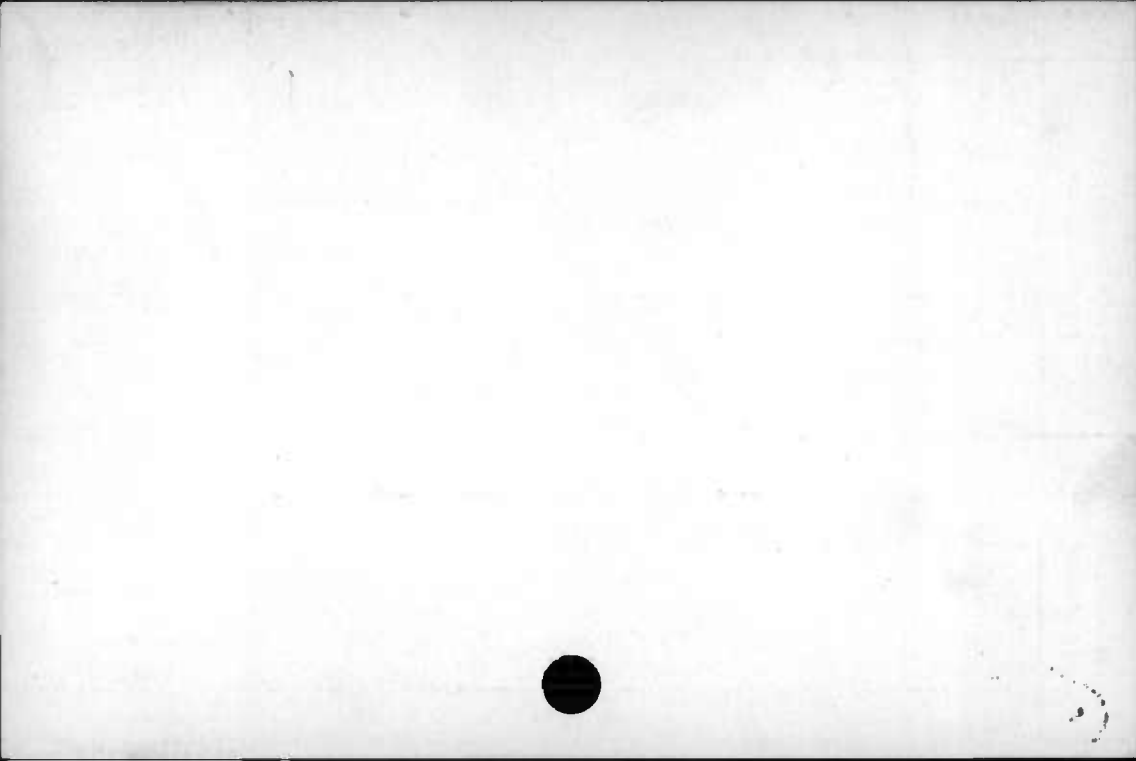
*W. L. Braden*

Address

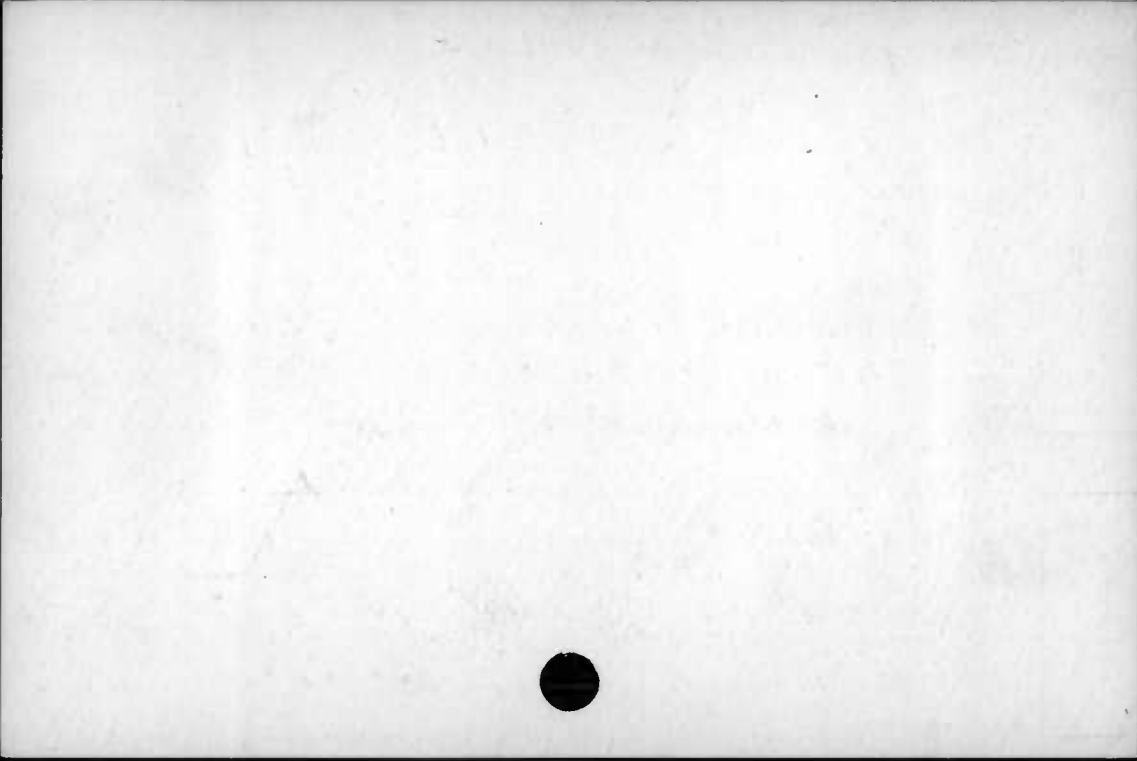
*Cincinnati*

Accident or Suicide?

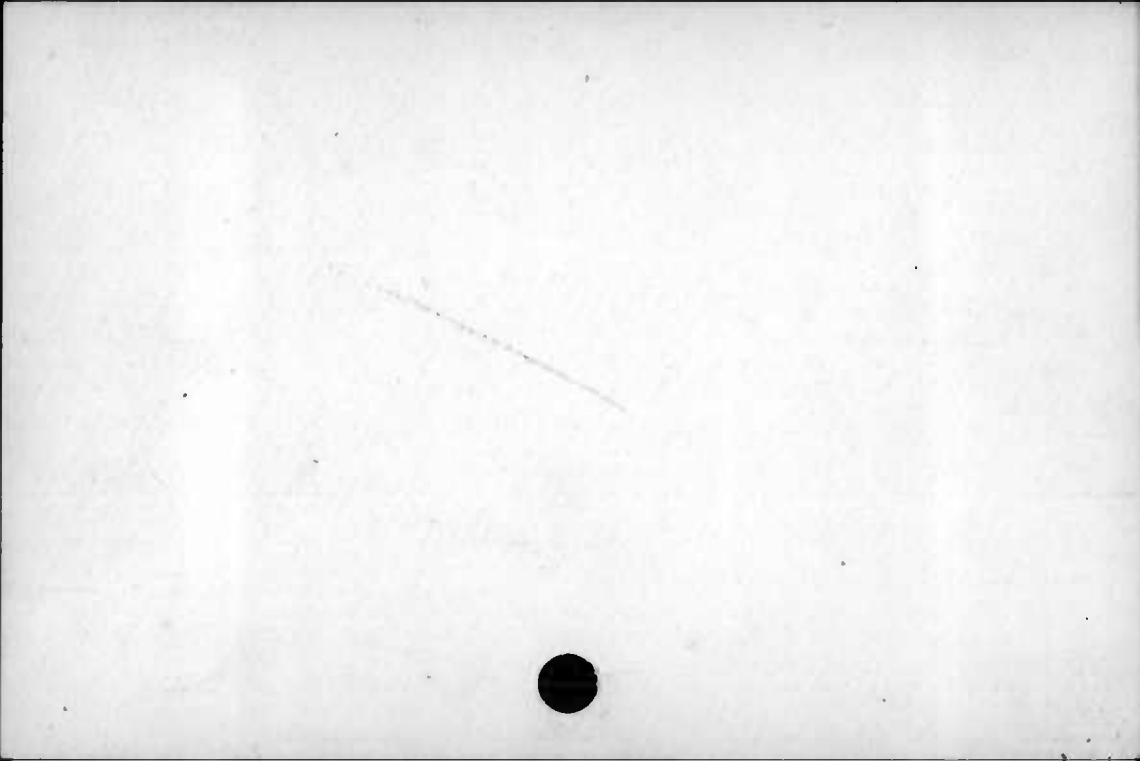
*No*



Name in Full		Henry Schlund				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cumberland</u>		County <u>Allegheny</u>		MARYLAND		
		Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>20</u>	Age <u>64</u>	Years <u>7</u>	Months <u>-</u>	Days <u>-</u>
		Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cumtchd</u>			
		Occupation <u>Watch man</u>	Where Residing if not at place of death					
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catharine Schlund</u>					
Father's Name <u>George Schlund</u>		Father's Birthplace <u>Germany</u>						
Mother's Maiden Name <u>Margaret Sheets</u>		Mother's Birthplace <u>Germany</u>						
Name of person giving information <u>Catharine Schlund</u>		How related to deceased <u>Wife</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Aneurysm of Aorta</u>		How long <u>Five months</u>				
		Immediate <u>Shock</u>		How long <u>Instantly</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>[Signature]</u>				
		<u>Stein</u>		Address <u>Cumtchd, Md.</u>				
<div>1</div> Accident or Suicide? <u>Accident</u>		LIBRARY BUREAU A68816						



Name in Full		Howard Schnitzer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Crimm		County Acuzy		MARYLAND
	Date of death	1907	Month Aug	Day 16	Age —	Years —	Months The
	Sex	male		Color or Race	white		Birth-place Crimm
	Occupation	none			Where Residing if not at place of death		
	Married, Single or Widowed	single		Name of Wife or Husband	none		
	Father's Name	Henry Schnitzer				Father's Birthplace	Baltimore
	Mother's Maiden Name	Lena Strick				Mother's Birthplace	Washington D.C.
Name of person giving information	Henry Schnitzer				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Thrush -				How long	10 days
	Immediate	Mal nutrition				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	E. B. Clayton	
	Stem				Address	Crimm, Maryland	
	Accident or Suicide?						



Name  
in  
Full

CERTIFICATE OF DEATH

*Fred G. Shultz*  
Town *Cumberland* County *Allegheny*

MARYLAND

Died at *Cumberland* *Allegheny*  
Date of death *1907 Aug. 14* Age *—* Years *—* Months *3* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cumld.*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Gustav Shultz* Father's Birthplace *Germany*

Mother's Maiden Name *Anna Ascraft* Mother's Birthplace *Kentucky*

Name of person giving information *Gustav Shultz* How related to deceased *Father*

CAUSES OF DEATH

*61*

Primary *Acute meningitis* How long *10 days*  
Immediate *Concomitant* How long *24 hours*

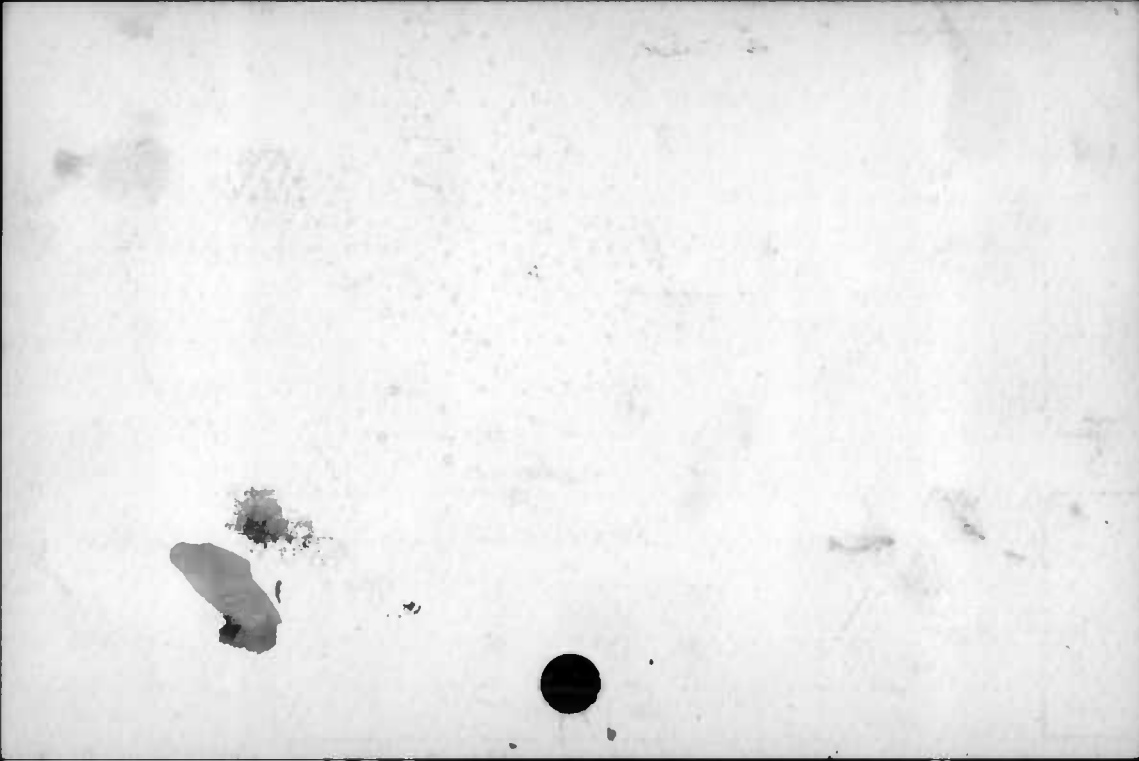
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. F. Wilson*  
Address *Cumld Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Kimberland</u> <u>Allegany</u> County		TOWNSHIP		MAYLAND								
Date of death	1907	Month	8	Day	26	Age	20	Years	8	Months	14	Days
Sex	Male		Color or Race	Black		Birth-place	Kimberland					
Occupation	Local					Where Residing if not at place of death	Kimberland					
Married, Single or Widowed	Single		Name of Wife or Husband	None								
Father's Name	Perry Smith					Father's Birthplace	Unknown					
Mother's Maiden Name	Rose Davis					Mother's Birthplace	Kimberland					
Name of person giving information	Mary E Rhodes					How related to deceased	Aunt					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONERPrimary Rail Road accident

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Magdalena Steinmann

## CERTIFICATE OF DEATH

Wm Cumberland

Town

County

MARYLAND

Date

of death 1907

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or  
RaceBirth-  
placeWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

How long

How long

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Run

2

11

1111

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Story

Town

Frostburg

County

Ally

MARYLAND

Died at

Date

of death 1907

Month

Aug

Day

13

Age

Years

77

Months

6

Days

13

Sex

Male

Color or  
Race

White

Birth-  
place

England

Occupation

None

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Unknown

Father's  
Name

Do not know

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Unknown

Name of person giving  
information

John Brode

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

180

Primary

How long

Immediate

Angina Pectoris

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. A. L. Conroy

Frostburg

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

allery

77

Name  
in  
Full

Mellie Adams Strauss

## CERTIFICATE OF DEATH

Town

County

Died at

Dordaine

Allegheny Co

MARYLAND

Date

of death 1907

Month

Aug

Day

15

Age

Years

5

Months

3

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Dordaine

Occupation

—

Where Residing if not  
at place of death

Dordaine

Married, Single  
or Widowed

—

Name of Wife or  
Husband

Marie Adams

Father's  
Name

John Strauss

Father's  
Birthplace

Allegheny Co

Mother's  
Maiden Name

Marie Adams

Mother's  
Birthplace

Hoffman

Name of person giving  
information

Dr. A. K. White

How related  
to deceased

## CAUSES OF DEATH

(106)

Primary

Cholera Infantum

How long

26 hrs

Immediate

Shock

How long

12 "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. A. K. White

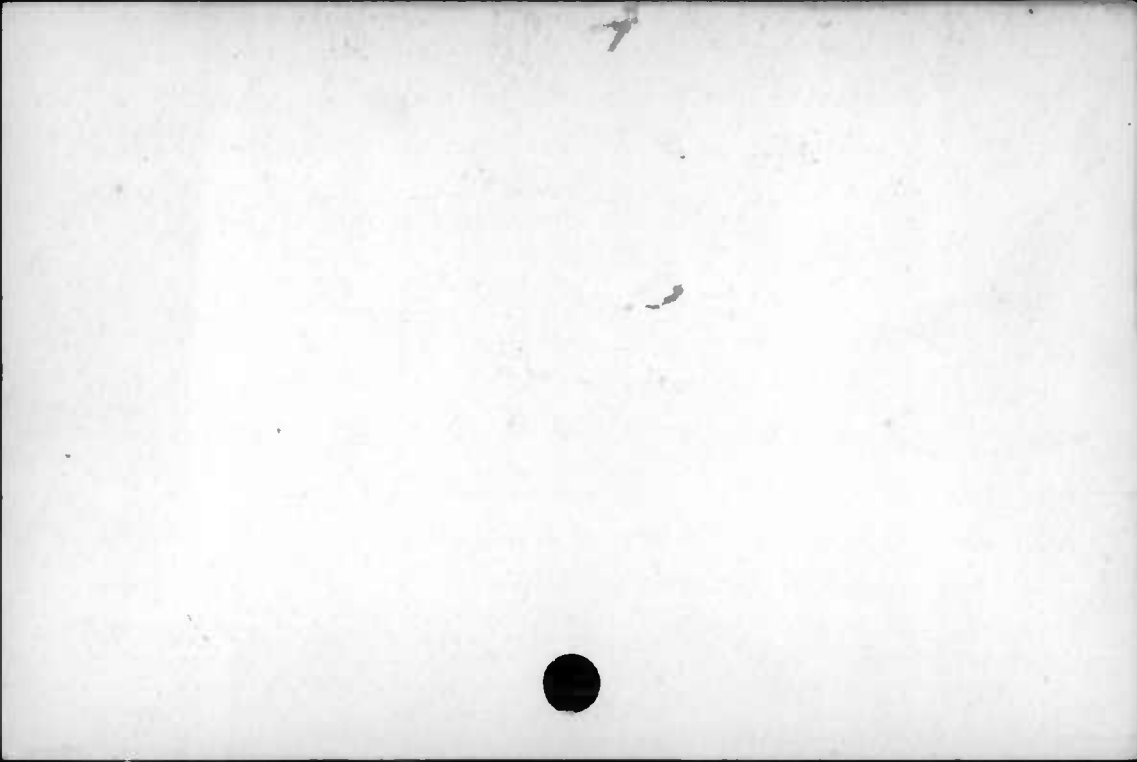
Address

National Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Oscar M. Swortley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cumberland <sup>County</sup> AlleganyDate of death 1907 <sup>Month</sup> Aug <sup>Day</sup> 13 <sup>Age</sup> 36 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> PaOccupation R. R. Conductor <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Amanda WeekFather's Name Aaron Swortley <sup>Father's Birthplace</sup> PaMother's Maiden Name Mary Ricker <sup>Mother's Birthplace</sup> PaName of person giving information Amanda Swortley <sup>How related to deceased</sup> Wife

## CAUSES OF DEATH

Primary Diphtheria <sup>How long</sup> 3 weeksImmediate Hemorrhage, Exhaustion <sup>How long</sup> 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. A. Swigg

Address Cumberland

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

Charles Frances Tharp

Town

County

MARYLAND

Died at

Frostburg

Allegany

Date

of death 1907

Month

Aug

Day

11

Age

Years

1

Months

1

Days

3

Sex

Male

Color or  
Race

white

Birth-  
place

Frostburg

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William C Tharp

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Mary Kemp

Mother's  
Birthplace

Frostburg

Name of person giving  
In formation

Truman C Tharp

How related  
to deceased

Brother

## CAUSES OF DEATH

10.5-

Primary

Mycobacterium

How long

7 months

Immediate

Cholera Infantum

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

G L Linniger M.D.

Address

Frostburg,  
Md.

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Alley

770

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

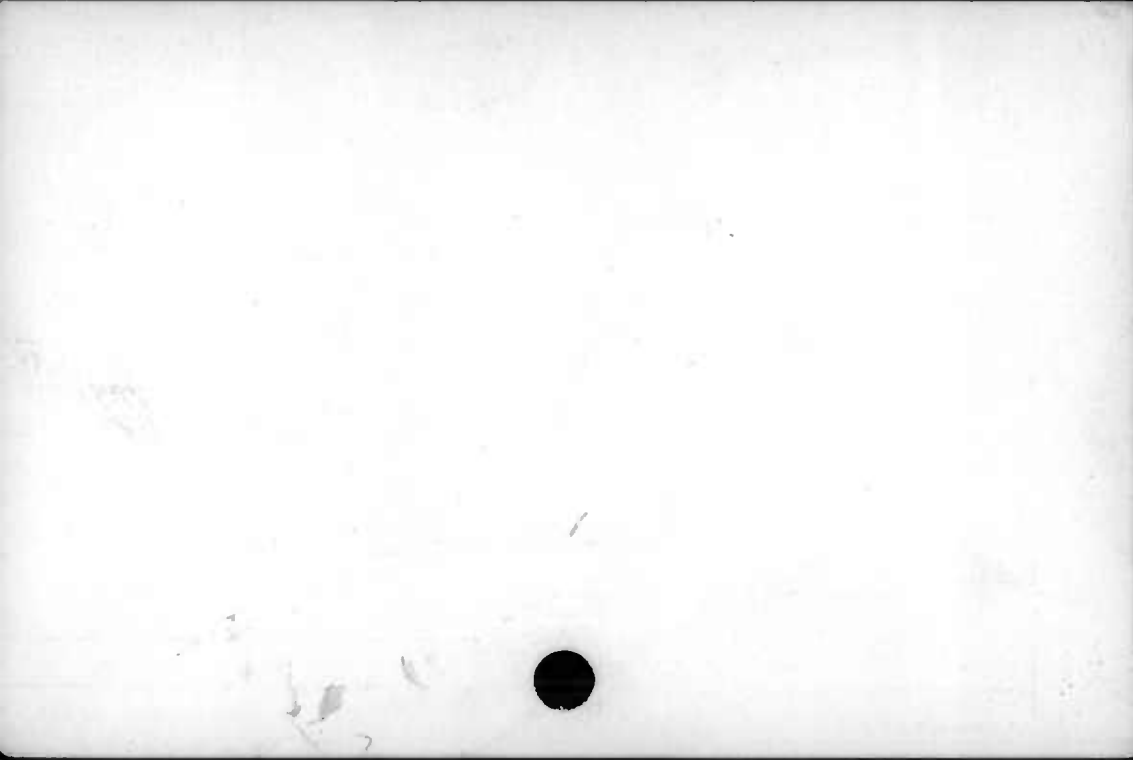
Died at <u>Cambridge</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>29</u>	Years <u>84</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>Mrs. —</u>				
Father's Name <u>John L. Thomas</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Seely</u>	Mother's Birthplace <u>Vermont</u>				
Name of person giving information <u>Mrs Rhoda Hoffman</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>complication of diseases age</u>	How long <u>Several years</u>
Immediate <u>Exhaustion</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. V. Dupe</u>
	Address <u>Cambridge Md</u>
<u>1</u> Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

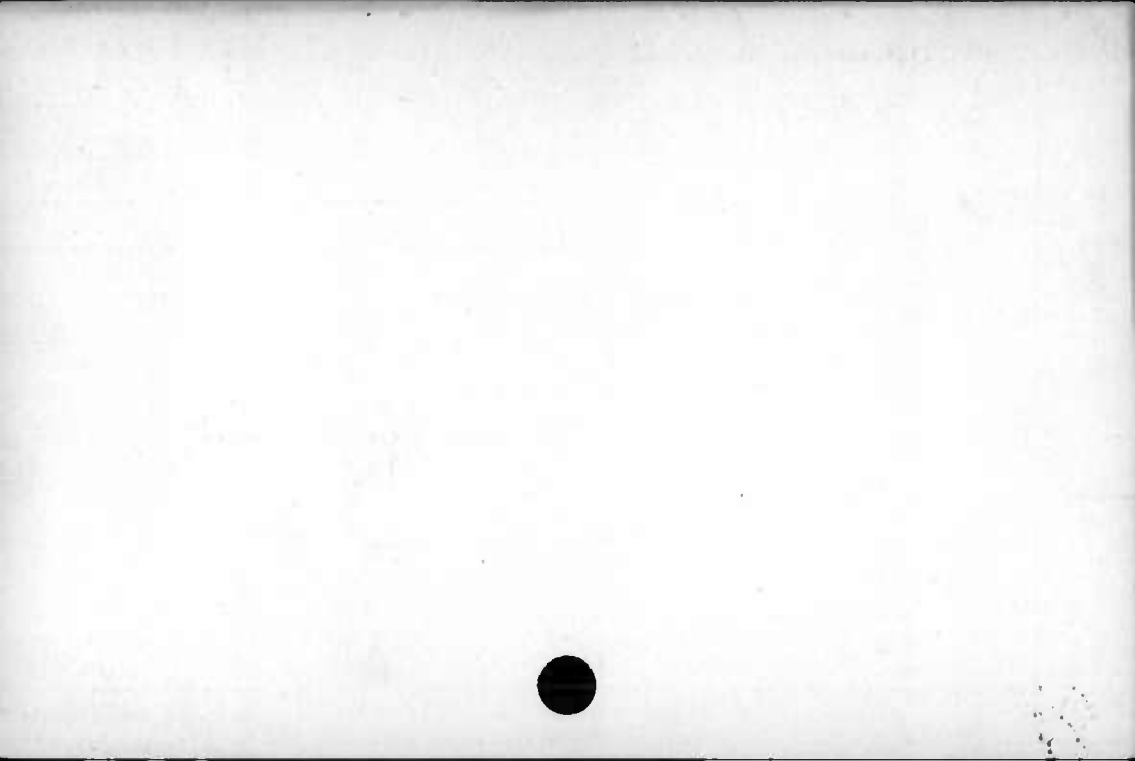
Died at		Town <i>Cumtland</i>		County		MARYLAND	
Date of death	1907	Month <i>Aug</i>	Day <i>16</i>	Age	Years	Months <i>5</i>	Days <i>20</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Pa</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				<i>James N. Thomas</i>		Father's Birthplace	<i>Pa</i>
Mother's Maiden Name				<i>Ethel Rice</i>		Mother's Birthplace	<i>Pa</i>
Name of person giving in formation				<i>Joe N. Thomas</i>		How related to deceased	<i>Son</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Summer Diarrhea &amp; Dysentery</i>	How long	<i>1 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 da</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo. L. Broadus M.D.</i>	
		Address	
		<i>Cumtland</i>	
Accident or Suicide?			
<i>No</i>			



Name  
in  
Full

Lucius Tomilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Carlos* <sup>Town</sup> *Allegheny* <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> *Aug.* <sup>Day</sup> *27* <sup>Years</sup> *71* <sup>Months</sup>  <sup>Days</sup>

Sex *M.* Color or Race *W.* Birth-place *Md*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mellie H. Tomilson*

Father's Name *William Tomilson* Father's Birthplace *Md*

Mother's Maiden Name *Amanda Spielman* Mother's Birthplace *Md*

Name of person giving information *Mellie Tomilson* How related to deceased *Daughter*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Isotmic Regurgitation* How long *About 6 yrs*

Immediate *Isotmic Regurgitation* How long *About 6 yrs*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr W M Lane*

Address *Frostburg Md*

**1** Accident or Suicide?

Hafer.

Alleghany Cemetery  
Frostburg Md

Name  
in  
Full

Rebecca Trimble

## CERTIFICATE OF DEATH

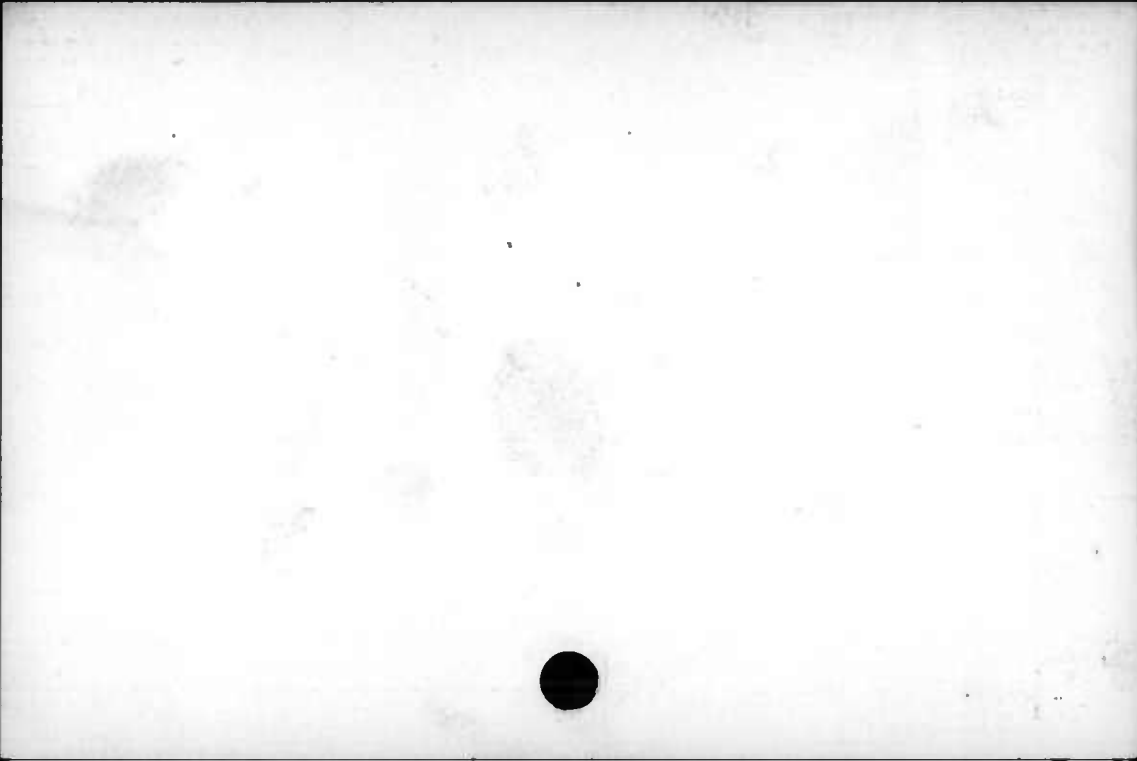
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death		Month 10	Day 24	Age One	Years Three	Months —	Days —
Sex Female		Color or Race Colored		Birth- place Cumberland			
Occupation Infant				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Chas Trimble		Father's Birthplace Md				Mother's Birthplace Md	
Mother's Maiden Name Rebecca Holly		How related to deceased Mother				Name of person giving Information Mrs Trimble	

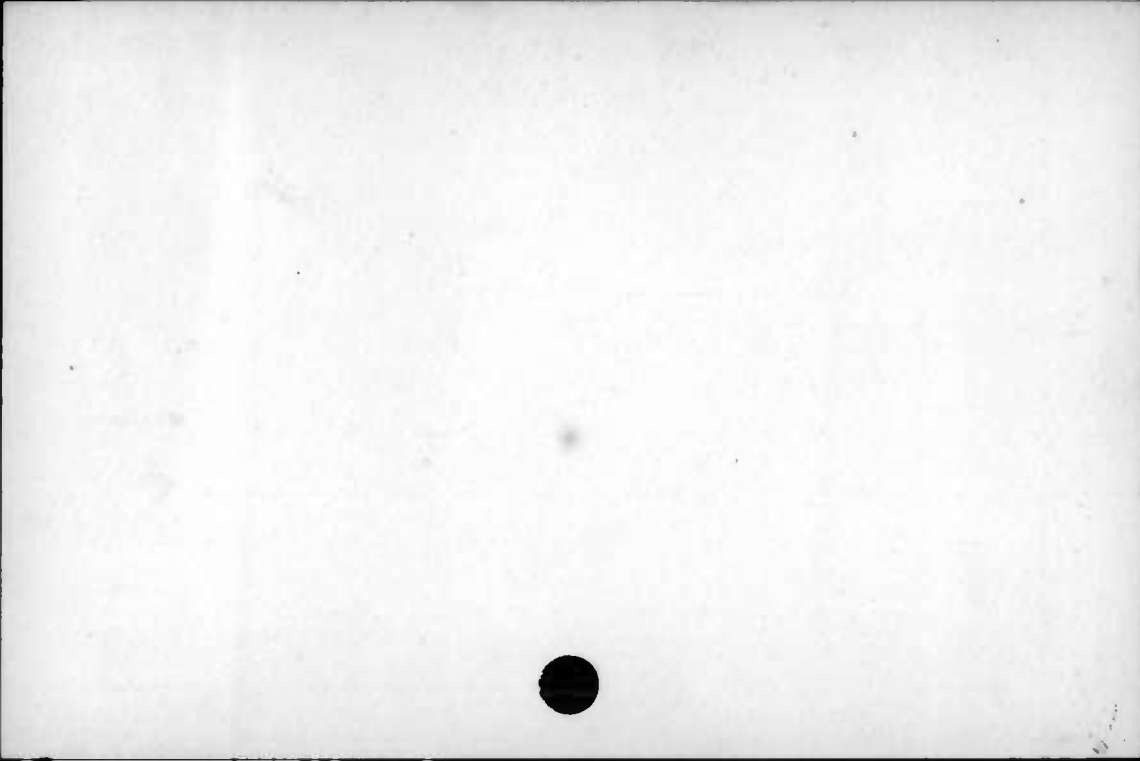
## CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia	How long	2 weeks
	Immediate	Exhaustion	How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. S. Duke		
Address		Cumberland Md		
Accident or Suicide?		No		



Name in Full		Elizabeth Jane Turner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Elmhurst		County Allegany		MARYLAND		
	Date of death	1907	Month Aug.	Day 25	Age 79	Months 11	Days 14	
	Sex	Female		Color or Race	White		Birth-place	Penn.
	Occupation	Invalid		Where Residing if not at place of death				
	Married, Single or Widowed	Widowed		Name of Wife or Husband Charles Turner				
	Father's Name	Jacob Shoemaker				Father's Birthplace	Penn.	
	Mother's Maiden Name	Martha Burnett				Mother's Birthplace	"	
Name of person giving information	Mrs. Smith				How related to deceased	Daughter		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">64</div>								
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	4 weeks	
	Immediate	"				How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
	Accident or Suicide?		no		Address			
				Henry M. Hodges				
				Londontown, Md.				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Leo Franklin Valentine

Town

County

MARYLAND

Died at Bear Creek

accyng

Date

Month

Day

Years

Months

Days

of death 1907

Aug

23

Age

1

10

Sex

male

Color or  
Race

White

Birth-  
place

Farm near City

Occupation

none

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Frank Valentine

Father's  
Birthplace

Md

Mother's  
Maiden Name

Missie C. Wilson

Mother's  
Birthplace

Md

Name of person giving  
In formation

Frank Valentine

How related  
to deceased

Father

## CAUSES OF DEATH

105

Primary

Enteritis

How long

3 Weeks

Immediate

Chancrosis

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos. M. Ford

Address

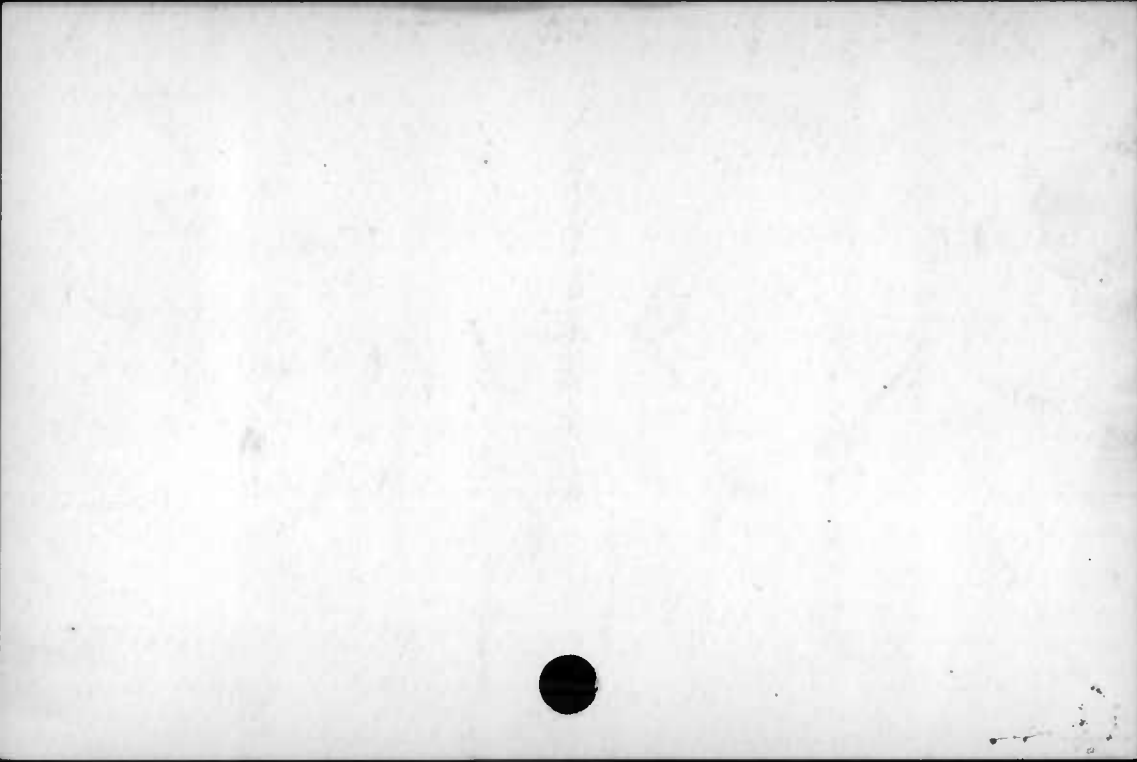
Baltimore Md

Home

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

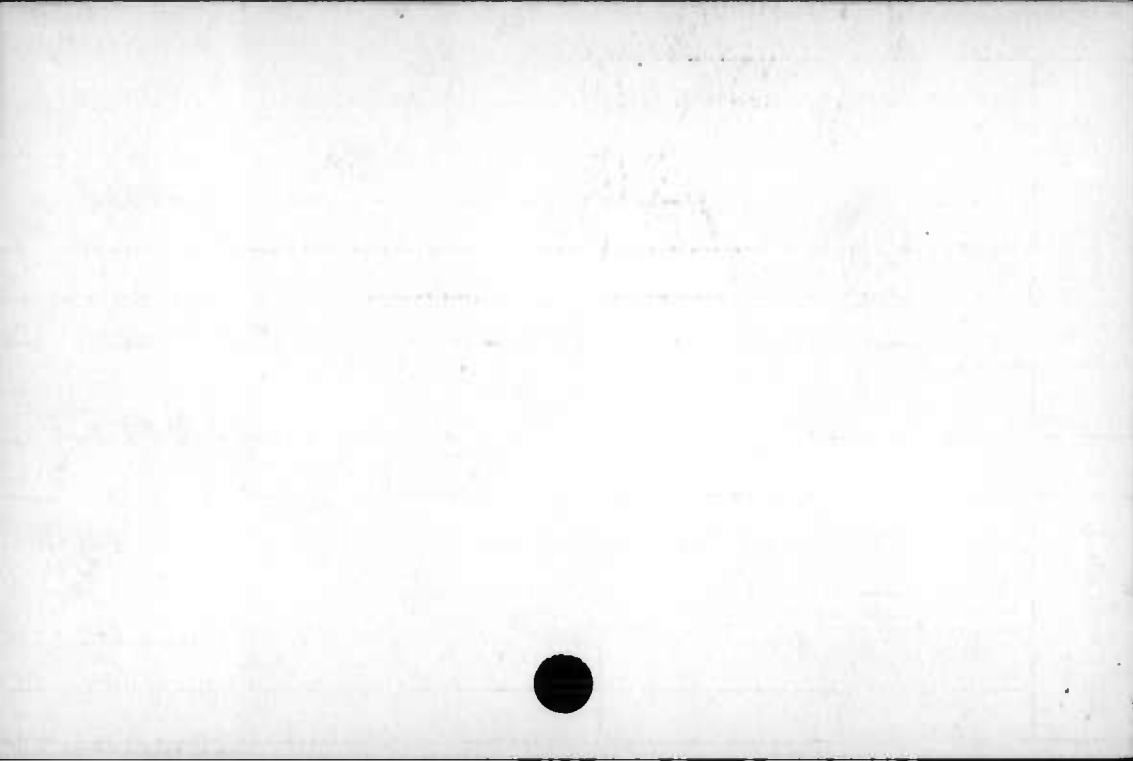
Name in Full <b>Benjamin Walker</b>		Town <b>Chimberland</b>		County <b>Alleghany</b>		State <b>MARYLAND</b>	
Died at <b>Chimberland</b>		Month <b>8</b>		Day <b>4</b>		Years <b>19</b>	
Date of death <b>1907</b>		Months <b>2</b>		Days <b>2</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Berlin</b>			
Occupation <b>Chark</b>		Where Residing if not at place of death <b>Chimberland Md.</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>					
Father's Name <b>Henry B. Walker</b>		Father's Birthplace <b>Berlin</b>					
Mother's Maiden Name <b>M. Coleman</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>E. B. Walker</b>		How related to deceased <b>Brother</b>					

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary <b>Accidental drowning</b>		How long, <b>immediate</b>	
Immediate <b>" "</b>		How long <b>" "</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. May, Coroner</b>	
		Address <b>Chimberland Md.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

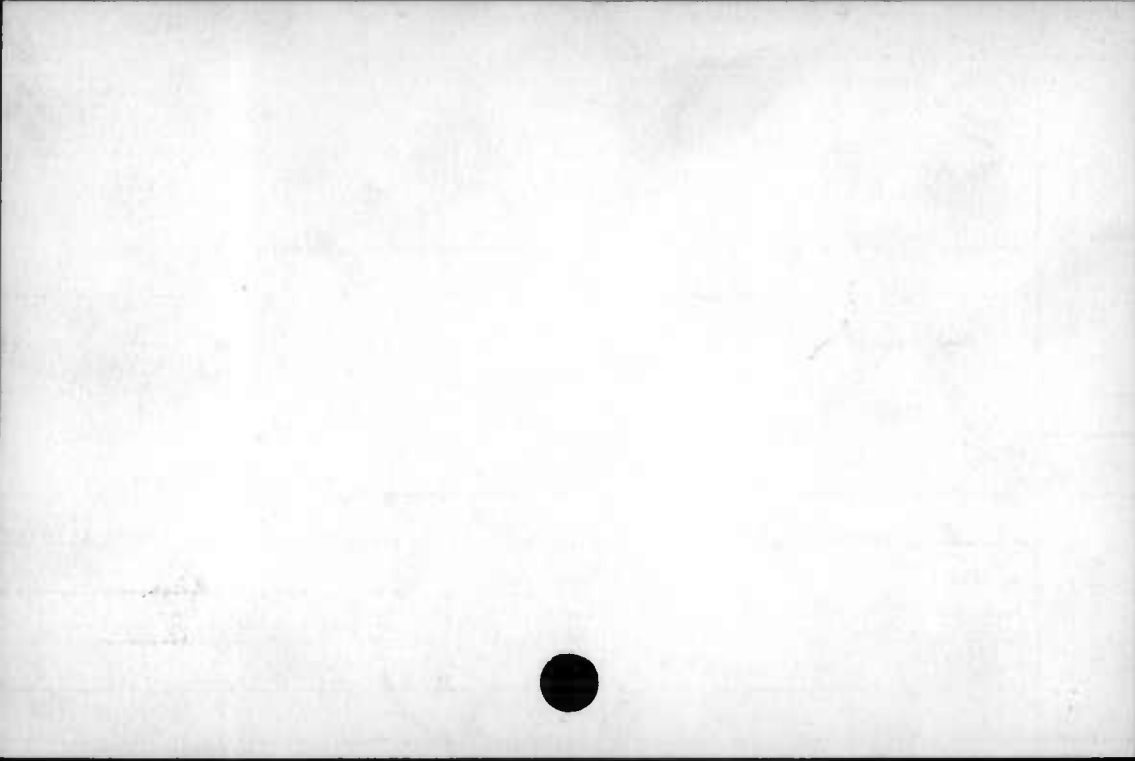
Died at <i>Cumberland</i> <sup>Town</sup>		<i>Accersing</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>2</i>	Age <i>35</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Philadelphia</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Cumberland</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Lemisa, A. Worky</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer of stomach</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Spear.</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide?	



Name  
in  
Full

*Cecilia Vista Warner*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

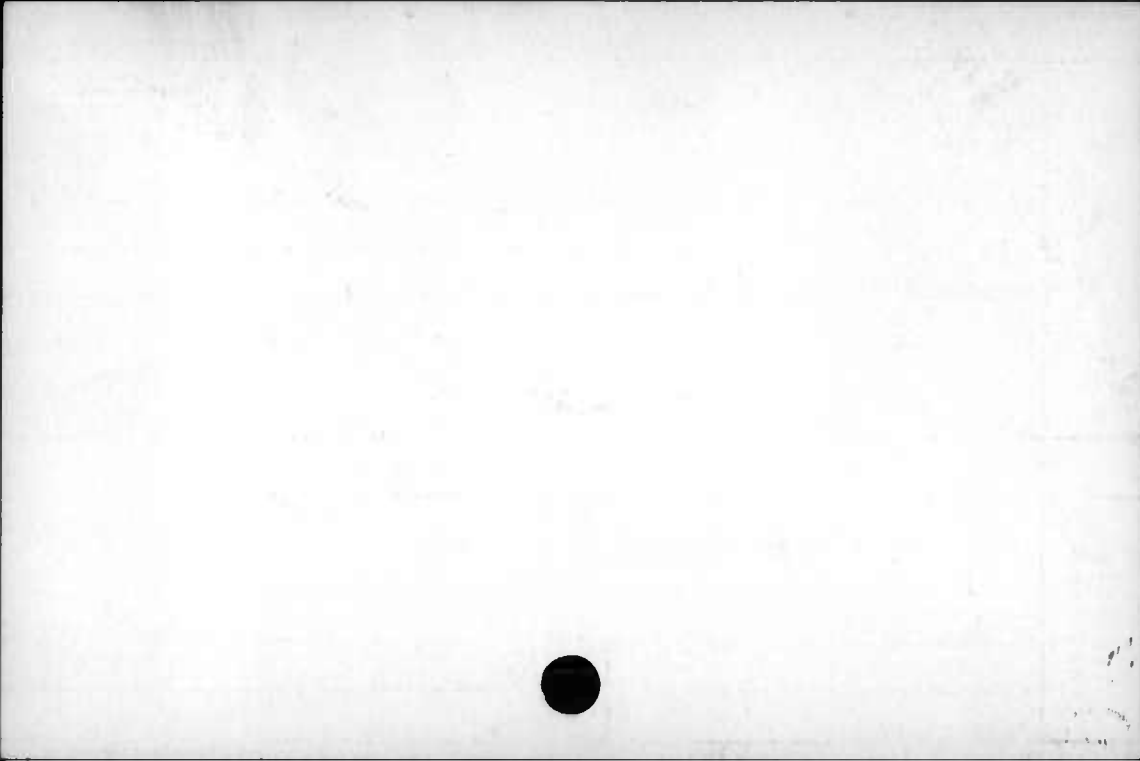
Died at <i>Wm - Savage</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>6th</i>	Age <i>11</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ind Savage Ind</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Patrick Warner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Robinson</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Patrick Warner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**104**

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>3 weeks</i>
Immediate <i>Acute Indigestion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. Alonzo E. Humphreys</i>
	Address <i>Ind Savage Ind</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Edgar B. Roy Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtola</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	8	Age	Years <i>—</i> Months <i>—</i> Days <i>9</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumtola</i>
Occupation	<i>none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband <i>none</i>				
Father's Name	<i>W. S. Webb</i>					Father's Birthplace	<i>Washington DC</i>
Mother's Maiden Name	<i>Ida Ba Estlin</i>					Mother's Birthplace	<i>Hancock MD</i>
Name of person giving information	<i>W S Webb</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Arteriosclerosis</i>	How long	<i>8 days</i>
Immediate	<i>Infantile Convulsion</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. W. Webb</i>
		Address	<i>Cumtola Pa</i>
Accident or Suicide?			



Name  
in  
Full

Martha Weigand

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

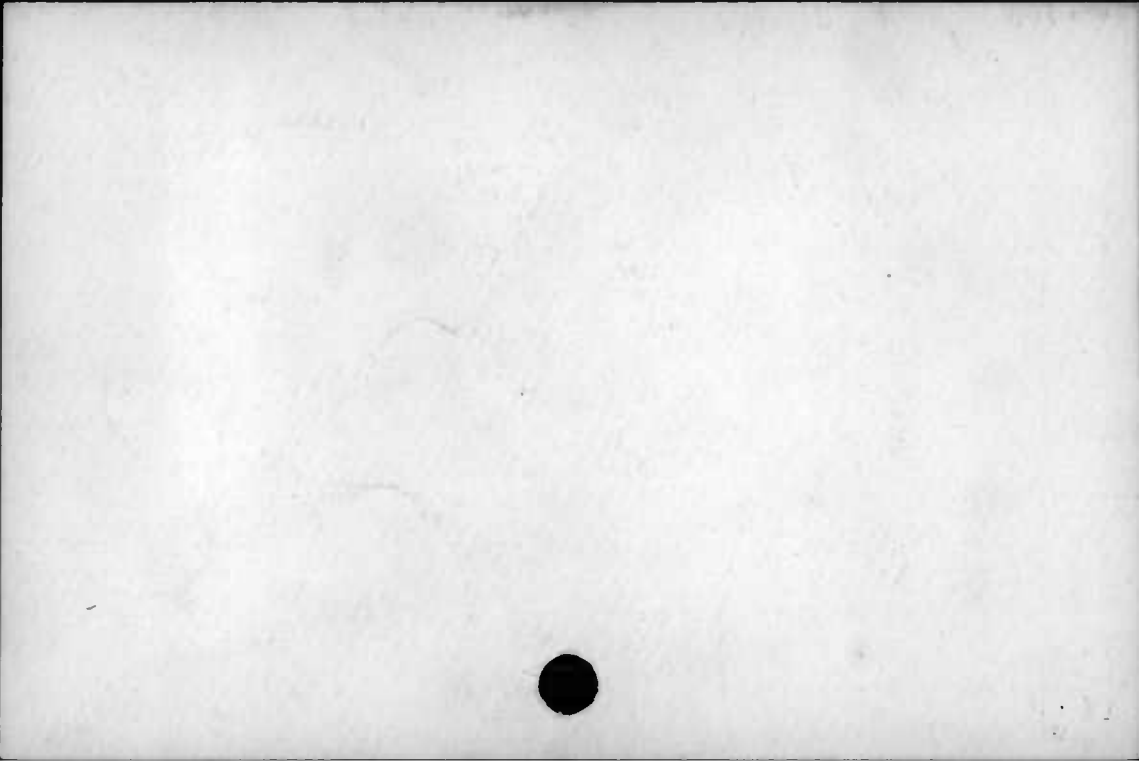
Died at <u>Cumt-d</u>		Town <u>allegany</u>		County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>13</u>	Years <u>6</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>				
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>						
Father's Name <u>Richard Weigand</u>	Father's Birthplace <u>Germany</u>						
Mother's Maiden Name <u>Berminda Schultz</u>	Mother's Birthplace <u>Germany</u>						
Name of person giving information <u>Richard Weigand</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary <u>Acute Art. Rheumatism</u>	How long <u>6 mos</u>
Immediate <u>Valvular Insufficiency</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. B. Leibybrook</u>
<u>Steno</u>	Address <u>Gay St. Cumt-d</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James William Welch</i>		Town <i>Cockhock Mines</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cockhock Mines</i>		Month <i>Aug</i>		Day <i>10</i>		Years <i>11</i>	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>10</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Cockhock Mines</i>		Days <i>10</i>	
Occupation <i>infant</i>				Where Residing if not at place of death <i>Cockhock Mines</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo Welch</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Lena Rhine</i>				Mother's Birthplace <i>Barton Ind</i>			
Name of person giving information <i>Mary E Rhine</i>				How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>Five days</i>
Immediate	<i>..</i>	How long	<i>1.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>as C. H. Hensworth M.D.</i>	
		Address <i>Cockhock Mines Ind.</i>	
Accident or Suicide?			

Call

7.7 @

Name  
in  
Full

Wm Franklin Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtbd</i>		Town <i>Cumtbd</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtbd</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Ester Welsh</i>	Father's Birthplace <i>Va</i>						
Mother's Maiden Name <i>Mary A Moore</i>	Mother's Birthplace <i>Cumtbd</i>						
Name of person giving information <i>J W Moore</i>	How related to deceased <i>Son of Father</i>						

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro Intestitis</i>	How long <i>2 days.</i>
Immediate <i>Exhaustion</i>	How long <i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. P. S. S. S. S.</i>
<i>Stem</i>	Address <i>For Cumberland Mt.</i>
Accident or Suicide?	

1513

Wick

Name  
in  
Full

Samuel Francis Wilson

CERTIFICATE OF DEATH

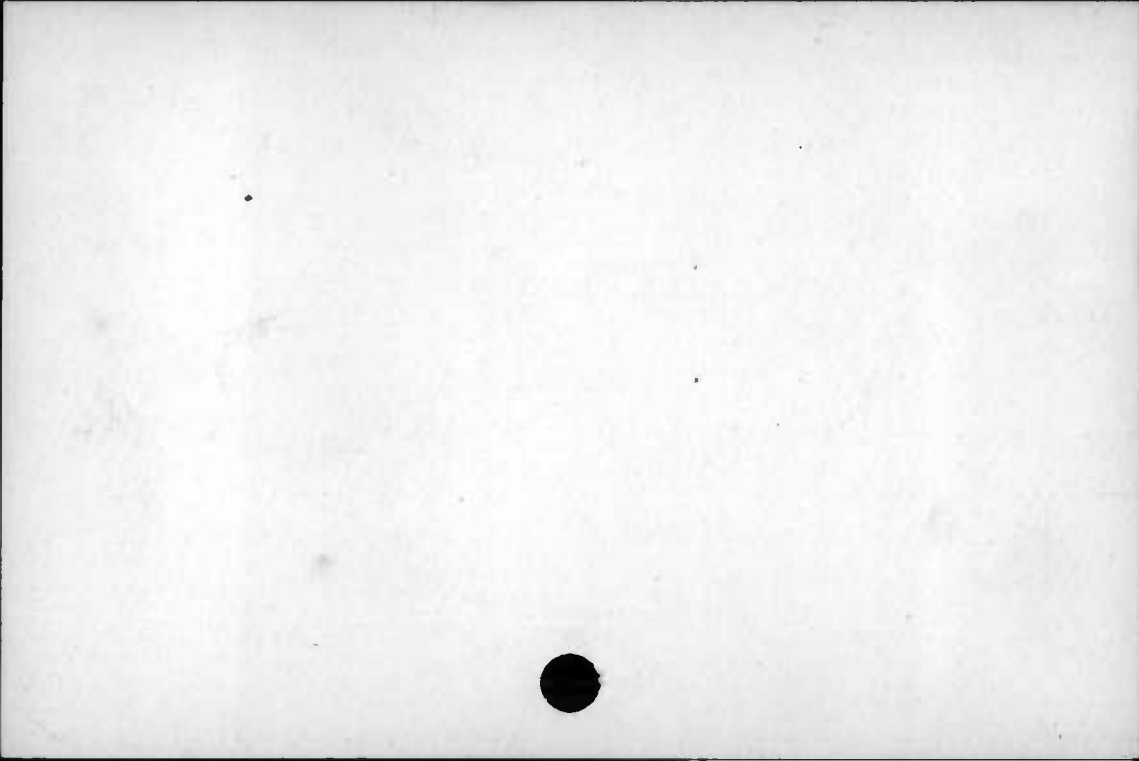
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtā</i>		County <i>accgoy</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	23
Sex	Male	Color or Race	White	Years	-
Occupation	<i>none</i>	Birth-place	<i>Cumtā</i>	Months	3 -
Where Residing if not at place of death			Days		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Amos L Wilson</i>			Father's Birthplace	<i>Rush Mt</i>
Mother's Maiden Name	<i>Bertha Williams</i>			Mother's Birthplace	<i>Cumtā</i>
Name of person giving information	<i>Amos L Wilson</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

Primary	<i>Cholera Infantaria</i>	How long	<i>36 hours</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos H. Lewis</i>
<i>Stem</i>		Address	<i>Wm. H. Lewis, Koon Mt</i>
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie Margrith Wolf

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cumberland

County

Allegheny

MARYLAND

Date of death 1907 Aug 16

Age 89

Months

Feb 5

Days

4

Sex Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

House Keeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of ~~Wife or~~  
Husband

Loris Wolf

Father's  
Name

John Herpick

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Do not know

Name of person giving  
information

Annie Beck

How related  
to deceased

Daughter

## CAUSES OF DEATH

79

Primary

Organic Heart disease

How long

about two years

Immediate

dropsy

How long

about three months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. J. Jones  
Cumberland

M. C.

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

C. Zaman

S. Schreyer

W. H. H. H.

J. H. H.

H. H. H.

D. H. H.

2 Black Sanday

Name  
in  
Full

Annie Wood.

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

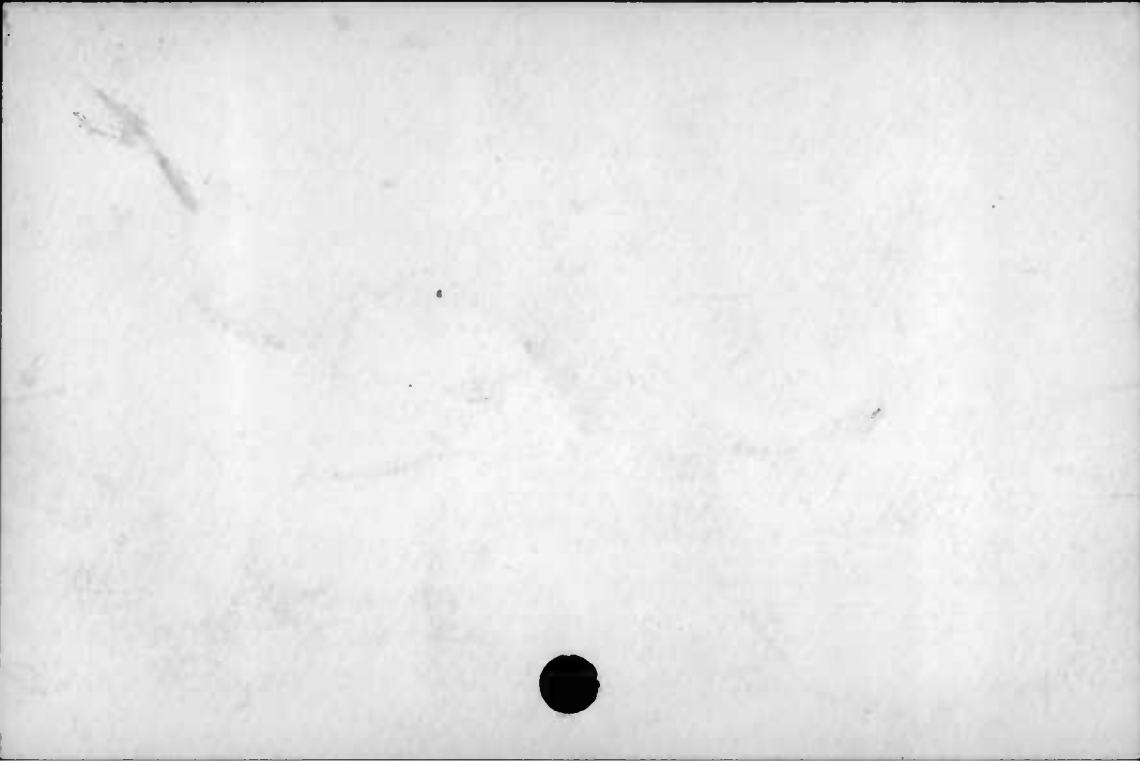
Died at <i>Cumtola</i> Town			County <i>Allegheny</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>aug</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtola</i>				
Occupation <i>none</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>						
Father's Name <i>John J. Wood</i>				Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Anna L. Frosty</i>				Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>W. A. Knutsky</i>				How related to deceased <i>none</i>				

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary	<i>Hereditary Lues</i>	How long	<i>15 days old</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. L. Owens M.D.</i>	
		Address <i>Cumtola and Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

Howard Wright

CERTIFICATE OF DEATH

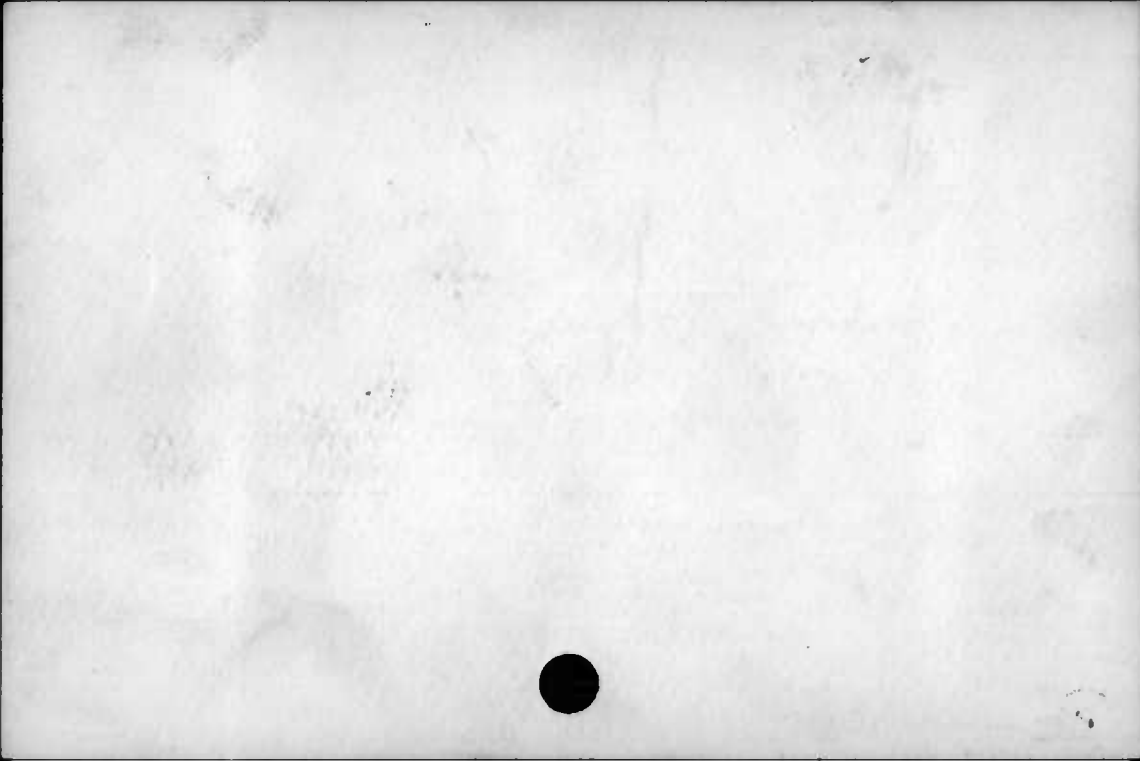
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>T. Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1907	Month	aug	Day	22
Age	4	Years	7	Months	-
Sex	male	Color or Race	White	Birth-place	MD
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	John Wright		Father's Birthplace	Pa	
Mother's Maiden Name	Emma Robinson		Mother's Birthplace	MD	
Name of person giving information	John Wright		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	One week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		James J. Johnson, M.D.	
Address		Cumberland Md.	
Accident or Suicide?		No	



Name  
in  
Full

CERTIFICATE OF DEATH

John T Zollner

Town

County

Died at Cumberland

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

Aug

16

Age

44

7-7

-

Sex

male

Color or  
Race

White

Birth-  
place

Morgan Co W. Va

Occupation

L.R. Brakeman

Where Residing if not  
at place of death

At Home St

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Dehlia Zollner

Father's  
Name

Frederick Zollner

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Mary E Gates

Mother's  
Birthplace

W. Va

Name of person giving  
Information

J. A. Groves

How related  
to deceased

Step Brother

CAUSES OF DEATH

166

Primary

Killed by B + O Rail Road Cars

How long

Immediate

Accidental

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. H. Mark Loonier

Cumberland

Md

Accident or suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Magnolia morganii (C)  
N.M.